

**EASTERN KENTUCKY UNIVERSITY
MIDDLE SCHOOL HONORS BANDS
Recommendation Form**

TO BE COMPLETED BY THE STUDENT, PLEASE PRINT OR TYPE:

Name of Student _____ Instrument _____

Home Address _____ Telephone(____) _____

City _____ State _____ Zip _____ Grade _____

School _____ Director _____ Director e-mail _____

Are you a member of a Youth Orchestra or have you played in an All-Regional or District Band or Orchestra? Yes _____ No _____

Indicate whether you are in your 2nd _____ 3rd _____ 4th _____ year of playing.

TO BE COMPLETED BY YOUR MUSIC DIRECTOR:

I. Written recommendation from music director: (Please include comments regarding musicianship, cooperativeness, chair placement in your band/orchestra etc. Include any information you think would help us in the selection process. INDICATE WHAT INSTRUMENTS PERCUSSIONISTS CAN HANDLE (timpani, snare, mallets, etc).)

III. Indicate how this student would rate among those you submitted for consideration for this year's Honors Bands. Failure to complete this item may disqualify your band.

Number of students in your band _____. Number _____ of _____ students submitted.

Band Director's Signature _____

School Address _____ City _____ St _____ Zip _____

School Telephone (____) _____

PLEASE COPY THIS FORM AS NEEDED FOR YOUR STUDENTS.
Return this form by 10/26/07:

Dr. Joseph Allison
Department of Music
Eastern Kentucky University
521 Lancaster Avenue
Richmond, Kentucky 40475-3102

This application CANNOT be accepted without a rating and signature from your band director.