

Gaston School of the Arts
Confidential Recommendation for Scholarship Applicant

This form should NOT be returned to the student or his/her parents. Please mail this form to: Executive Director, Gaston School of the Arts, 825 Union Rd., Gastonia, NC 28054 and write "confidential" on the outside envelope.

To be completed by the scholarship applicant: Date: _____ what year applying for? _____
 (Name of student) _____ Parents/Guardians _____
 Age _____ Grade _____ School _____ Telephone _____ Cell _____
 E-mail _____ Scholarship applying for: ART _____ MUSIC _____ DRAMA _____

To be completed by person offering reference (must not be related to student):

Any information you give about the applicant above will be treated confidentially. Please do not hesitate to fill in "no knowledge" if you feel you are not qualified to comment on a particular aspect of the questionnaire.

1. How do you know the applicant? _____
2. How long have you known the applicant? _____ Years _____ Months
3. Do you know the talent level of this student in the arts area he/she wants to study? Yes _____ no _____
4. Does the applicant have a sincere interest in his/her studies? Yes _____ No _____
5. Would you recommend this student for continued arts study? Yes _____ No _____ if no, please give reason:

Trait	Excellent	Good	Fair	Poor	No Knowledge
Talent & Ability					
Shows Discipline, Enthusiasm and Commitment					
Displays a Sense of Responsibility and Good Character Traits					

Comments:

Name (Please print) _____
 Position _____
 Address _____
 City/State/Zip _____
 Phone: _____ E-Mail Address: _____

I attest that the information provided above reflects my accurate and honest assessment of the talents, commitment and personal traits of the applicant and that I am not related to the applicant.

Signature _____ Date: _____