



The Worcester Chapter American Guild of Organists

P.O. Box 20208
Worcester, MA 01602

www.worcesterago.org

Letter of Recommendation for a Worcester Chapter AGO Scholarship Award

To the Applicant:

This recommendation will not be disclosed to any unauthorized individual without your consent. You will be accorded access to its contents unless you voluntarily waive your right of access. Please check one of the following options below and fill in your name, signature, and the date.

I have read the information above and hereby

waive
 do not waive

my right of access to this document.

Name of Applicant _____

Signature _____ Date _____

To the Recommender:

Your willingness to provide information about the applicant named above, who is applying for a Worcester Chapter AGO Scholarship Award is greatly appreciated. The applicant will have access to this recommendation unless he/she has waived that right.

Please return this form to:
The Worcester Chapter AGO
P.O. Box 20208
Worcester, MA 01602

All materials must be postmarked no later than March 31st for an application to be considered.

Name of Recommender _____

Address _____

Telephone _____ E-mail address _____

1) How long and under what circumstances have you known the applicant?

2) Please evaluate the applicant using the following chart. If you are unable to judge, please indicate.

Initiative

Below Average___; Average___; Good___; Excellent___; Exceptional___; Unable to judge___

Motivation

Below Average___; Average___; Good___; Excellent___; Exceptional___; Unable to judge___

Perseverance

Below Average___; Average___; Good___; Excellent___; Exceptional___; Unable to judge___

Maturity

Below Average___; Average___; Good___; Excellent___; Exceptional___; Unable to judge___

Interpersonal skills

Below Average___; Average___; Good___; Excellent___; Exceptional___; Unable to judge___

Communication skills

Below Average___; Average___; Good___; Excellent___; Exceptional___; Unable to judge___

Potential for growth

Below Average___; Average___; Good___; Excellent___; Exceptional___; Unable to judge___

3) Please include any additional observations or comments that will assist the Scholarship Committee in its deliberations.

4) Summary evaluation

_____ I do not recommend this applicant receive a scholarship.

_____ I recommend this applicant receive a scholarship.

_____ I strongly recommend this applicant receive a scholarship.

Signature_____ Date_____