



Christian Academy School of Fine Arts

Performing Arts

For Due by: May 25, 2009

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Louisville, KY 40245
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Recommendation Form

Applicant's Name: _____

Parent's Name: _____

Applicant's Audition Area: _____

I waive my right of access to these recommendations written on behalf of my child's candidacy for admission.

Parent Signature: _____

The following portion should be completed by someone who knows the applicant's musical ability and would be willing to recommend him or her for this program of study. The answers will be kept confidential and will only be seen by the Admissions Department of Christian Academy School of Fine Arts. Thank you for your time in completing this Application. Please send the finished copy directly to Cindy Anderson at the above address.

	Outstanding	Excellent	Average	Poor	Unknown
Creativity					
Imagination					
Grades					
Attendance					
Class Participation					
Completes Assignments on Time and Meets Deadlines					
Self Discipline					
Dependability					

	Outstanding	Excellent	Average	Poor	Unknown
Self Motivation					
Ability to Take Criticism					
Ability to Take Direction					
Punctuality					
Ability to Work Alone					
Respect of Peers					
Ability to Work in Small Ensembles					

How long have you known the applicant, and in what capacity do you know his or her musical ability?

Additional Comments:

Please mail or fax to:

Christian Academy School of Fine Arts

Cindy Anderson

700 S. English Station Road

Louisville, KY 40245

Fax: (502) 753-4548

Signature of Evaluator: _____ Telephone: _____

Please Print Name: _____

Position or Title: _____