



Teacher Recommendation Form

Scholarship Application

Student's Name _____ Grade _____

Teacher's Full Name _____

School _____

The following is a required teacher recommendation form for applying to the Galveston Ballet Scholarship Program. **Deadline: December 1st, 2018**

This is a confidential evaluation, so please return by mail to:

Galveston Ballet
P.O. Box 594
Galveston, TX 77553
ATTN: Stacy

Please rate the student on a scale from 1 – 5 on the following:
(e.g. 5=Always, 4=Usually, 3=Sometimes, 2=Rarely, 1=Never)

- | | | | | | |
|---|---|---|---|---|---|
| 1. Punctual to class and with assignments | 1 | 2 | 3 | 4 | 5 |
| 2. Shows respect to adults | 1 | 2 | 3 | 4 | 5 |
| 3. Shows respect to peers | 1 | 2 | 3 | 4 | 5 |
| 4. Has good attendance | 1 | 2 | 3 | 4 | 5 |
| 5. Shows a desire to learn and improve | 1 | 2 | 3 | 4 | 5 |
| 6. Has a good overall attitude | 1 | 2 | 3 | 4 | 5 |
| 7. Demonstrates proper classroom behavior | 1 | 2 | 3 | 4 | 5 |

Please comment on your overall impression of this student's desire to learn ballet and ability to follow through on **a six month commitment**, including access to transportation to class as well as Memorial Day Weekend dress rehearsal and two performances. (Use additional paper or write on the back if needed).

Teacher's Signature: _____ Date: _____