Valley City State University
Recommendation Form
(To be completed by one of your music teachers or other individual who is familiar with your music background)

Name of Applicant ________________________________
Home Address ____________________________________
City, State, Zip ___________________________________
Telephone (_____)________________________ Email ________________________________

Name of Music Teacher making recommendation ________________________________
Position __________________________________________
Address __________________________________________
Number of years you have known applicant ________________________________

Please write your recommendation based on your knowledge of this student’s musical accomplishments and achievements in other areas which might assist the Scholarship Committee.

_____________________________  ________________________________
Signature  Date

Mail to:  Department of Music
101 College Street SW
Valley City State University
Valley City, North Dakota 58072