

**Howard County Arts Council  
ARTS SCHOLARSHIP 2024  
Recommendation Form 1**

STUDENTS: Give this form to a teacher or professional artist familiar with your artistic work.

TEACHER/ARTIST: Please return this form to the student in a sealed envelope with your signature over the seal. Recommendations will be held in confidence by all members of the Scholarship Committee and applications will not be returned to students. Your candid evaluation of this student's ability and potential is greatly appreciated.

**The deadline for Scholarship entries is January 25, 2024**

**THIS SECTION TO BE COMPLETED IN ADVANCE BY APPLICANT**

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's artistic media(s)/discipline(s): \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY TEACHER/ARTIST**

Teacher/Artist's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

1. Please briefly indicate below your relationship with the applicant including years known and in what capacity.

2. Please rate the applicant in the following areas by circling the appropriate response:

**Demonstrates potential in the media/discipline identified above.**

Great Potential

Moderate Potential

Limited Potential

**Has a fundamental grasp of his or her media/discipline.**

Strongly Agree	Moderately Agree	Disagree Somewhat	Strongly
Disagree			

**Has exhibited a commitment to the study and practice of his or her media/discipline.**

Strongly Agree	Moderately Agree	Disagree Somewhat	Strongly
Disagree			

**(CONTINUED ON NEXT PAGE)**

3. Please use this space to comment on your experience with this student and your perception of the student's potential in their selected discipline.

Signature of teacher/artist: \_\_\_\_\_ Date: \_\_\_\_\_

*Please remember to place your signature over the seal on the envelope containing this evaluation.*