



**Texas Orchestra Directors Association
Barbara Eads Memorial Scholarship
Applicant Evaluation Form**

The following scholarship applicant has requested that you submit an evaluation for consideration with his/her TODA scholarship application. Please complete this form and send it to TODA at the address below by January 1.

Applicant Name: _____ Date: _____

I waive my right to access this application

I **do not** waive my right to access this application _____

Applicant Signature

To be completed by the evaluator:

Category	Superior	Excellent	Good	Fair	Poor	Comments
Musical Talent						
Musical Achievement						
Ability to Complete University Work						
Ability to Complete University Music Work						
Potential as a Music Educator						
Personal Character						
Dependability/Responsibility						
Leadership						

***Optional:** Evaluators may attach a letter of recommendation to this evaluation to provide additional comments or further explanation of the information provided above.

Evaluator Reference Information:

Name: _____ Title: _____

Street Address: _____ Email: _____

City: _____ Zip: _____ Phone: (____) _____

Signature: _____

Send Evaluation form by January 1 to:
Texas Orchestra Directors Association, 7900 Centre Park Dr., Suite A, Austin, TX 78754