

Heartland Horn Camp

July 28-31, 2025

Carroll, Iowa

RECOMMENDATION FORM

Name of Applicant:

Name, address, phone number, email address, and title (if appropriate) of the person completing this recommendation:

Name: _____

Title:

Address: _____

Phone:

Email:

1. How long and in what capacity have you known the applicant?
- 2.

1. In comparison with other high school horn students you know known, how would you rate the applicant in the following areas? If you are unable to evaluate an area, please check "No Comment".
- 2.

Excellent

Very Good

Average

Below Average

No Comment

Musicality/Musicianship

Emotional Maturity

Leadership

Motivation

1. If you wish, please use the remaining space of this form or a separate page to convey any other pertinent information about the applicant.

Signature: _____

Date:

Since your responses are confidential in regard to the applicant, please seal the form in an envelope and then sign across the seal before returning it to the applicant. Recommendations are to be included with the other application materials for transmittal to Wayne Lu by the applicant. Thank you for your time and assistance in preparing this application.

Heartland Horn Camp

Wayne Lu - Director

215 S. Maple St.

Carroll, IA 51401

641-691-5807