



STUDENT CRITIC PROGRAM Recommendation Form

**Application Deadline:
Mon. January 31st**

Please print. Typed Applications preferred.

TO BE COMPLETED BY APPLICANT

Name _____ Grade _____

School _____ Graduation Date/Year _____

Applicant's Signature _____ Date _____

TO BE COMPLETED BY INDIVIDUAL RECOMMENDING THE ABOVE APPLICANT

The above individual is interested in participating in The Blumey Awards' Student Critic program. If selected, the applicant will attend and review other participating Blumey Awards schools' musical productions.

How long have you known the applicant? _____

How do you know the applicant? _____

Other (specify): _____

Please place a check in the column that most clearly represents your opinion.

	Superior	Good	Average	Poor	Unknown
Originality, intellectual creativity					
Ability to work well with others					
Personality					
Maturity					
Writing Ability					
Tech skills (Computer, iphone, multimedia)					
Self-discipline					
Reliability					
Adept with social media & creative content					
Shows promise in marketing or journalism					

Strongly Recommend Recommend Recommend with Reservations Do Not Recommend

Print Name _____

Signature ✕ _____

Date ✕ _____

Title _____

Phone Number _____