APPLICATION
FCMEA ALL-COUNTY CHORUS

Name_____

Last *First*

School District_____**Building**_____

Grade in School_____ **Voice Type** **S A T B** *(Circle One)*

Music Teacher_____ **School Phone**_____

IF APPLYING FOR MORE THAN ONE GROUP, INDICATE PREFERENCE _____

Overall Range	**Comfortable Range**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please rate the following by circling your evaluation.
'1' is weak; '5' is exceptionally strong.

Quality of Tone	**1**	**2**	**3**	**4**	**5**
Consistency of Tone	**1**	**2**	**3**	**4**	**5**
Projection of Tone	**1**	**2**	**3**	**4**	**5**
Rhythmic Independence	**1**	**2**	**3**	**4**	**5**
Melodic Independence	**1**	**2**	**3**	**4**	**5**
Diction	**1**	**2**	**3**	**4**	**5**
Cooperation	**1**	**2**	**3**	**4**	**5**

RECOMMENDATION: ____**I recommend highly.**
____**I recommend.**
____**I recommend with reservation.** *Please describe:*

Previous All-County Experience_____

(Pref.) Band_____ Chorus_____

Please use the area below for any comments regarding this student.