

2010 Eastern Illinois University Honors Jazz Combo Day
Nomination Form
(Duplicate for additional students.)

Applicant Information – to be completed by the student	
Name	_____
Address	_____
City/State/ZIP	_____
E-mail address	_____
Phone number	_____
Current Grade	_____
Instrument(s)	_____

This section is to be completed by the director or instructor.

Please rate the student (5 being the strongest) in the following categories:

Command of the instrument	1	2	3	4	5
Aural skills	1	2	3	4	5
Improvisational potential	1	2	3	4	5
Improvisational experience	1	2	3	4	5
Time feel	1	2	3	4	5
Ability to work well with peers	1	2	3	4	5

Director / Instructor's name _____

Title _____ School _____

School address _____

Phone _____ E-mail _____

Director / Instructor's signature _____ Date _____

Please return this form no later than October 20, 2010 to:

Paul Johnston
Department of Music
Eastern Illinois University
600 Lincoln Avenue
Charleston, IL 61920

The form may also be faxed to: (217) 581-7137,
Attention: Paul Johnston