



**GREEK ORTHODOX METROPOLIS OF DENVER
CHURCH MUSIC FEDERATION**

**THE FRANK AND XENIA ANTON DESBY MEMORIAL SCHOLARSHIP
RECOMMENDATION FORMS**

**PARISH MUSIC DIRECTOR / CHURCH MUSICIAN
RECOMMENDATION FORM**

APPLICANT'S NAME: _____

LENGTH OF TIME APPLICANT HAS WORKED UNDER YOUR DIRECTION: _____

DESCRIBE THE APPLICANT'S MUSICAL PARTICIPATION AND CAPACITIES IN YOUR GROUP/MINISTRIES:

DESCRIBE WHY YOU FEEL THE APPLICANT WOULD BENEFIT FROM FURTHER MUSICAL EDUCATION:

ADDITIONAL COMMENTS: _____

DIRECTOR/MUSICIAN NAME: _____

ADDRESS: _____

PHONE #: _____ **E-MAIL:** _____

DIRECTOR/MUSICIAN SIGNATURE: _____ **DATE:** _____