

Syllabus Adjudicator Application Form

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(please type or print clearly)

| | | | (please type of print clearly) |
|--------------|------------|------------|--|
| Name | | | Phone |
| Email | | | |
| Address _ | | | |
| City/St/Zip |) | | |
| District(s) | | | MTNA # |
| | | | |
| | | | EDUCATION |
| NCTM: | Yes | No | (NCTM is required to begin Syllabus Adjudicator Training) |
| College/U | niversity | degrees | s held: |
| Additional | l training | 3 : | |
| | | | |
| | | | TEACHING BACKGROUND |
| How many | years h | ave you t | aught in the area/instrument you're applying for? |
| Prior Syllal | ous expe | erience (r | number of years, levels taught, tiers, etc): |
| - | re List o | | udents in each level of Upper Division Syllabus, please submit/attach ed level pieces in all five periods of music which you have |



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SHORT ESSAYS

- 1. Tell us about your studio. (number of students, age range, levels, etc)
- 2. Tell us about you and your students' participation in the Syllabus program. What did/do you and your students take away from this experience?
- 3. Why do you wish to become a Syllabus Adjudicator?

LETTERS OF RECOMMENDATION

Please provide one letter of recommendation from a current OMTA teacher and one from a current Syllabus Adjudicator.

| I understand that in signing and submitting this application, | I am declaring that I have never |
|---|----------------------------------|
| been convicted of a felony and am over the age of 21. | |

| Signature | Date |
|-----------|------|
| | |

RETURN THIS FORM TO:

Dr. Crystal Zimmerman, 329 Mountain Vista Ave. SE, Salem, OR 97306

Questions? Contact OMTA Syllabus Adjudicator Training Chair, Crystal Zimmerman: crzimmer@willamette.edu