

Friends of Colorado Springs Jazz
Application for Music Scholarship

Applicant Name _____ Age _____

Mailing Address _____

Phone _____ E-mail: _____

Primary Instrument _____ Secondary Instrument _____

Name of Current School _____

Name of Music Director _____ Phone _____

Private Study _____ Number of Years _____

Name of Private Instructor _____ Phone _____

E-mail of private instructor _____

Solo Repertoire you have studied recently _____

Music you are performing now in school, include large groups _____

Name of Ensembles you have participated _____

How many years _____

I plan to major in music _____ Other (Specify) _____

In signing this agreement, I understand that by accepting a music scholarship, I will be required to enroll in music classes every semester and participate in ensembles or bands as directed by the selected college or university.

Applicant _____ Date _____

Parent/Guardian approval is required for all Applicants. Signature by Applicant's Parent/Guardian below signified agreement for the Applicant to comply with all terms and conditions required of the scholarship recipient as set forth in this application and the accompanying cover letter.

Parent/Guardian _____ Date _____