



Dear Applicant:

**AN MP3 OR CD SAMPLE OF YOUR WORK ALONG WITH A LETTER OF RECOMMENDATION FROM MUSIC EDUCATOR MUST ACCOMPANY THIS APPLICATION:**

**APPLICATIONS SHOULD BE SENT TO SJJS, PO BOX 329, SOMERS POINT, NJ 08244**

NAME \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP

INSTRUMENT \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

GRADE \_\_\_\_\_

INSTRUMENT(S) PLAYED \_\_\_\_\_

ESSAY: IN ONE HUNDRED WORDS OR LESS PLEASE EXPLAIN WHY YOU WOULD LIKE TO RECEIVE THIS SCHOLARSHIP (USE SEPARATE SHEET)

Email: [info@southjerseyjazz.org](mailto:info@southjerseyjazz.org)  
Website: [www.southjerseyjazz.org](http://www.southjerseyjazz.org)