



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
Website: www.southjerseyjazz.org