

**Section (B) Family Financial Statement** *(To be completed by Parent or Guardian)*

All of the information contained in the application is considered confidential.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Current Place of Employment

\_\_\_\_\_  
Annual Salary

\_\_\_\_\_  
2<sup>nd</sup> Parent/Guardian Name

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Current Place of Employment

\_\_\_\_\_  
Annual Salary

\_\_\_\_\_  
Number of dependent children in your family

Statement of Need

*(Please explain your family's need for tuition assistance)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Both full and partial scholarships are available for the tuition portion of the program fees and are nontransferable. If you are awarded and accept a partial scholarship, you will be expected to pay the remainder of the tuition.

I understand if my child is awarded a scholarship to attend the Jazz Academy program selected, that he or she is expected to attend all program sessions and/or rehearsals and perform in all final concerts, barring any emergency circumstances.

All of the information provided on this application is true and accurate. I understand this application **will not be considered** unless it is complete and submitted with a **Teacher's Recommendation Form**.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*(Next, complete section "C")*



**Section (D) Scholarship Application Checklist** *(To be completed by the Parent)*

Your application will only be considered if you have completed and attached the following:

(Please check)

\_\_\_\_ The student has completed section (A) - General Information

\_\_\_\_ I have completed section (B) - Financial Information

\_\_\_\_ The teacher has completed section (C) - Teacher Recommendation

**Return completed packet to:**

Jazz Academy of Music  
P.O. Box 6744  
Silver Spring, MD 20916  
(301) 871-8418

Email: [coordinator@jazzacademy.org](mailto:coordinator@jazzacademy.org)