



CURRENT YEAR

Scholarship Application

Type of Scholarship:

____ Ethan Shinn Miller/STOMP ____ Ronald Compton ____ Jazz Academy of Music

Jazz Academy of Music, Inc. (JAM), a 501c3 non-profit organization, awards both full and partial scholarships to attend its programs to individuals who demonstrate both a financial need and have outstanding musical talent. To apply for a scholarship, complete this Scholarship Application Form and the Teacher's Recommendation Form. **The completed packet forms must be returned by June 15th. An incomplete application will not be considered for a scholarship.**

Section (A) General Student Information *(To be completed by the Student)*

Name _____

Address _____

City State Zip

Home Telephone Email Address

Instrument/Voice

Private Lesson Instructor/Band Director Years Studied

School Grade

JAM program that you would like to attend:

____ JAM Camp ____ JAM Lab ____ JAM Voices

____ JAM Introductory Ensemble ____ JAM Ensemble ____ JAM Orchestra

Please indicated below, in your own words, why you would like to participate in the JAM program that you selected above and what you expect to learn or gain from the experience?

I understand if I am awarded a scholarship to attend the Jazz Academy program selected, that I will be expected to attend all program sessions and/or rehearsals and perform in all final concerts, barring any emergency circumstances.

Student Signature

Date

(Next, complete section "B")

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

2nd 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



Section (C) Teacher's Recommendation Form *(To be completed by the Teacher)*

Student's Name

Instrument

School

Graduation Year

THIS SECTION TO BE COMPLETED BY THE TEACHER

This Teacher's Recommendation Form is required for students applying for a scholarship to attend the Jazz Academy's JAM Camp. The Jazz Academy of Music offers scholarships based on both financial need and musical ability. Scholarship applications will be reviewed on June 1st.

Please complete the information requested below and return to Jazz Academy of Music, P.O. Box 6744, Silver Spring, MD 20916 or Email: coordinator@jazzacademy.org
Please call 301-871-8418 if you have any questions.

Please rate the student in the following areas:	Excellent	Good	Average	Below Average
Musical Ability				
General Intelligence				
Ability to Listen				
Learning and Comprehension Skills				
Positive Attitude				

Comments: _____

Teacher's Signature

Date

Printed Name

Daytime Telephone

(Next, complete section "D")