Bill May Jazz Education Fund APPLICATION

for Summer Jazz Camp Scholarship Program

Application	
Received: _	
Reviewed: _	

Student's I	Name:			
email ac	LAST ddress:	- PLEASE PRI		
	<u></u>	☐ Junior GPA:	Camp in mind?	
Instrument	t(s):			
Identify a f	ew Leadership Qua	lities:		
High Scho				
	Address:			
		CITY	ST ZI	 P
	ctor or Private			
Music Lea	cher's Name:	- PLEASE F	PRINT - FIRST	
email ad	ddress:			
Parent Cor	ntact:			
Name:		· PLEASE PRINT -		
		· PLEASE PRINT -		her circle one
		d with this Application:		
	er of recommendatio student's leadership	n from instructor listed a skills	above, with focus on the	е
	scholarship, what th	efly explaining why they ney hope to gain from th o share their experience	e summer jazz camp e	experience,
NOTE: An	audition may also b	e required, to be detern	nined on an as-needed	l basis.
	*** App	lication must be postr	marked by April 1. * *	*
S 8	Bill May Jazz Educat Summer Jazz Camp 8036 W. Giddings St Norridge. IL 60706-4	Scholarship Application .	ı	