



## SAJS Student Scholarship Application

Name: \_\_\_\_\_

Phone #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email (provide 2 if possible): \_\_\_\_\_

Select School Level:      Middle School      High School      College

School you currently attend or plan to attend: \_\_\_\_\_

Band Director: \_\_\_\_\_

Band Director's Email: \_\_\_\_\_

Instruments you currently play:

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

Years involved with music: \_\_\_\_\_

### **Other Requirements**

1. A paragraph describing your past musical accomplishments.
2. A paragraph on your college plans and how they would be aided by a scholarship.
3. A brief essay on how you got interested in jazz, with comments on 3 musical figures who inspired you.
4. A short tape, CD, or home video of you in performance. Need not be of professional quality. Attend monthly jams whenever possible.
5. Please return your completed form along with a statement from two references who should write a brief commentary about your talent, character, and seriousness of intent. Attend monthly jazz jams whenever possible.

**Submit to:** Director of Scholarships PO Box 1505 St Augustine, Fl. 32085