

Bill May Jazz Education Fund
APPLICATION
for Summer Jazz Camp Scholarship Program

Application Received: _____ Reviewed: _____

Student's Name: _____
LAST - PLEASE PRINT - FIRST

email address: _____

Grade Level: Sophomore Junior GPA: _____
10TH GRADE 11TH GRADE

Instrument(s): _____

Identify a few Leadership Qualities: _____

High School student attends: _____

Address: _____

_____ CITY ST ZIP

Band Director or Private
Music Teacher's Name:

_____ LAST - PLEASE PRINT - FIRST

Phone: (____) _____

email address: _____

Parent Contact:

Name: _____
LAST - PLEASE PRINT - FIRST Mother / Father circle one

Phone: (____) _____

email address: _____

The following must be included with this Application:

- Letter of recommendation from instructor listed above, with focus on the student's leadership skills
- Essay by the student, briefly explaining why they should be considered for the scholarship, what they hope to gain from the summer jazz camp experience, and how they plan to share their experience with fellow students the following year

NOTE: An audition may also be required, to be determined on an as-needed basis.

***** Application must be postmarked by April 1. *****

Mail to: Bill May Jazz Education Fund
Summer Jazz Camp Scholarship Application
8036 W. Giddings St.
Norridge, IL 60706-4447