

CENTRAL PA FRIENDS OF JAZZ

SCHOLARSHIP APPLICATION FORM

5721 Jonestown Road, Harrisburg, PA 17112

www.friendsofjazz.org

Instructions: Please apply by May 22, 2019

1. Please print clearly the following information. Turn in completed application, with all applicable signatures, to the CPFJ Office.
1. If this form is incomplete, inaccurate, or not signed, it will not be considered.
2. Please complete one application for each scholarship.
3. Please submit a new application each year.

Personal Information:

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Academic Information:

Current School: _____

Music/Band Teacher: _____

Instrument(s): _____

Years Played: _____

Reason for Scholarship Need:

Authorization Information:

I understand my name and information from my application may be released to the scholarship selection committee(s) and the scholarship donor(s). If awarded a scholarship, I release to the Central PA Friends of Jazz the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Student Signature: _____ Date: _____

Parent Signature _____ Date: _____