



Columbus Jazz Society Scholarship

STUDENT APPLICATION

Application information

Full name: _____ Age: _____
Last First M.I.

School: _____ Phone: _____

Instrument: _____ Years Played: _____ Email: _____

Music education and background: _____

What do you plan to do with this scholarship? _____

Attended a CJS Meeting? Yes ☐ No ☐

Participated in CJS Jam Session? Yes ☐ No ☐

References

Please list three professional references.

Full Name:	_____	Relationship:	_____
Title	_____	Phone:	_____
Email:	_____		
Full Name:	_____	Relationship:	_____
Title	_____	Phone:	_____
Email:	_____		
Full Name:	_____	Relationship:	_____
Title	_____	Phone:	_____
Email:	_____		

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

Signature:	_____	Date:	_____
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[EMAIL COMPLETED FORM TO:
president@columbusjazzsociety.com]