JAZZ ACADEMY

For office use only:	
Date Received:	
Forwarded to:	
Follow-up?	
Notes:	

Jazz Academy

SCHOLARSHIP REQUEST

To apply for a scholarship for a Jazz Academy community program, please complete this form and return it to:
Jazz Academy Director of Community Programs
cargiro@jazzartsgroup.org
930 North High Street
Columbus, OH 43201

Name _____ Age_____

Mailing Address: _____

City, State, Zip: _____

Email: _____ daytime phone: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What class/program do you wish to attend / participate in? _____
2. Do you need a FULL or PARTIAL scholarship? _____
3. If PARTIAL, what can you contribute toward the fee? $_____
4. Why do you want to take this class / participate in this program?

5. What do you hope to learn?

6. Why are you a good investment for scholarship dollars?

YOU WILL BE NOTIFIED DIRECTLY IF YOUR SCHOLARSHIP REQUEST IS AWARDED. FOR MORE INFORMATION, PLEASE CONTACT CAROL ARGIRO, DIRECTOR OF COMMUNITY PROGRAMS – JAZZ ACADEMY, AT 614.294.5200 X 107 OR EMAIL CARGIRO@JAZZARTSGROUP.ORG. PLEASE NOTE THAT SCHOLARSHIP DOLLARS AND LIMITED AND COMPETITIVE AND ARE GRANTED IN COORDINATION WITH CLASS AVAILABILITY.