



STUDENT SCHOLARSHIP AUDITION APPLICATION

Student Name _____ **Birth Date** _____ **Age** _____

Address _____

City, State _____ **Zip** _____ **Phone ()** _____

Parent Guardian Name _____ **Phone ()** _____

Email _____

School Name and City _____

Vocals or Instrument for Audition _____

Provide a brief description of the nature and extent of your jazz studies:

Complete this form and email to Info@jazzunlimitedmke.org.

This Application can also be downloaded from the Jazz Unlimited website at the bottom of the page at jazzunlimitedmke.org/scholarships-programs.

You may email Info@jazzunlimitedmke.org with questions regarding the Scholarship program.

DEADLINE FOR ENTRIES: 2nd Friday in March | **AUDITION DATE:** 3rd Sunday in March – 1:00 p.m. start to be held at Cascio Interstate Music, 13819 W National Ave., New Berlin, WI 53151.