



STUDENT SCHOLARSHIP AUDITION APPLICATION

Please Print Legibly!

Student Name _____ Birth Date _____ Age _____

Address _____ Date _____

City, State _____ Zip _____ Phone (_____) _____

Parent / Guardian _____ Phone (_____) _____

STUDENT Email _____

PARENT Email _____

School Name & City _____

Vocalist or Instrument for Audition _____

Who Informed You About this Audition? _____

Provide a Brief Description of the Nature and Extent of Your JAZZ Studies:

This Application May Be Downloaded at <https://cutt.ly/JUScholarshipApplication>

Applications should be sent to BillSeaman@JazzUnlimitedMKE.org AND 2 song titles with keys must be emailed to JeffStoll@JazzUnlimitedMKE.org BY THE 2nd FRIDAY IN MARCH.

AUDITION DATE: 3RD SUNDAY IN MARCH FROM 1-4 PM

Audition Will be Held at JOE'S K RANCH, [4840 S WHITNALL AVE, CUDAHY, WI](#)