

Experience It Yourself!

School of Jazz Studies Student Application Form

I wish to participate in the auditions for the 2010 School of Jazz Studies.

I plan to send my two (2) clearly labeled audition compact discs directly to NYSSSA to be received by February 8, 2010.

Please Print Or Type

Please Duplicate Additional Applications As Needed

Student's Name _____ Age _____ Date of Birth _____ Gender _____

Current Street Address _____ City or Town _____ State _____ Zip Code _____ County _____

Parent Home Phone _____ Parent Work Phone _____ Student Cell Phone _____

Student Social Security Number _____ Student Email Address **(Please print clearly)** _____

School _____ Principal _____ Current Grade _____

School Address _____ City or Town _____ State _____ Zip Code _____

Music Director _____ Email Address _____ School Telephone _____

Address _____ City or Town _____ State _____ Zip Code _____

I am applying as an instrumentalist on _____

Have you attended the School of Jazz Studies in the past? Yes No

OFFICIAL USE ONLY

CDs Received

Student's Signature _____

s

Signature of Parent/Guardian _____

Please Print Names of Parent/Guardian _____

Mail to:

New York State Summer School of the Arts
State Education Department
89 Washington Avenue
Room 866 EBA
Albany, NY 12234
Fax: 518-473-0770