

# Experience It Yourself!

## School of Jazz Studies Student Application Form

I wish to participate in the auditions for the 2008 School of Jazz Studies

I plan to send my clearly labeled audition tape or compact disc and recommendation directly to NYSSSA, to be received by February 2, 2008.

**Please Print Or Type**

**Please Duplicate Additional Applications As Needed**

Student's Name	Age	Date of Birth	Sex
Home Street Address	Telephone		
City or Town	State	Zip Code	County
Social Security Number	Email Address		
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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Please Print Names of Parent/Guardian

**OFFICIAL USE ONLY**

Tape or CD Received

Letter of Recommendation Received

**Mail to:**

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

