



LOUISVILLE **JAZZ** SOCIETY

2009 Aebersold Summer Jazz Workshop Scholarship Application

Name: _____

Address: _____

Telephone: _____

Email address: _____

Age: _____ (parental signature required for applicants under age 18)

Instrument(s): _____

School: _____

Ensemble experience: _____

I have ____ / **have not** ____ previously attended the Aebersold Summer Jazz Workshop.

I have ____ / **have not** ____ already applied to attend the 2009 Aebersold Jazz Workshop.

Please indicate in approximately 150-200 words why you hope to attend the workshop and what you hope to gain from the experience. You may write on the back of this form or attach a separate piece of paper. Please also attach a letter of recommendation from your school or private music teacher, and mail for delivery on or before May 22, 2009 to:

Louisville Jazz Society
P.O. Box 5082
Louisville, KY 40255
ATTN: Jazz scholarship committee

Winners will be notified by June 5, 2009. Questions? Nancy Grant, (502) 641-9614

I understand that this application is for a scholarship only, and that I must register for the Jamey Aebersold Summer Jazz Workshops separately. Scholarship monies will be paid directly to the Jamey Aebersold Summer Jazz Workshops on the scholarship winner's behalf and will be re-awarded to another applicant should the winner be unable to attend the workshops for any reason.

_____ (applicant sign here)

_____ (parent/guardian sign here)