

GOLD COAST SOCIETY

Jeanette M. Russell Scholarship Fund

Scholarship Application Form

For
Students in grades 6 - 11

Application Deadline: March 3, 2017

All applications must be **postmarked or received on or before 5 p.m. on March 3, 2017**
by the Gold Coast Jazz Society.

No applications will be accepted after the deadline date.

The Gold Coast Jazz Society does not accept applications by fax.

All applicants will receive written notification of their status. **Finalists will be required to perform before a panel of judges in the Jeanette M. Russell Jazz Scholarship Competition on April 22, 2017 and will be notified of their performance time.** A live backline of piano, bass and drums will be provided for accompaniment purposes.

Send applications to:

Gold Coast Jazz Society
1350 East Sunrise Boulevard
Fort Lauderdale, FL 33304
(954) 524-0805

The Gold Coast Jazz Society

Jeanette M. Russell Scholarship Fund

Scholarship Eligibility

- For instrumental or vocal student wishing to pursue an education in music with emphasis on jazz studies
- Economically disadvantaged: Based on family size and median local income.
- Florida resident

Scholarships for students in grades 6-11 are for one summer music camp with a maximum award of \$1,500. This scholarship must be used in the summer of the current year. Scholarship tuition is paid directly to the summer music camp institution. Reimbursement of travel expenses may be provided to a parent or guardian to and from the camp facility with the inclusion of proper receipts.

An applicant or scholarship recipient may re-apply each year for a new scholarship.

Annual scholarships are awarded in memory of Lady Jazz and St. Louie Ray.

Competition Requirements: All finalist will be required to perform in person in a live audition in order to best illustrate your musical abilities. A live backline (piano, bass and drums) will be provided for the competition.

The Gold Coast Jazz Society

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No Staples Please

SCHOLARSHIP APPLICATION

Type or Print all information

DO NOT CUT AND PASTE OR TAPE INFORMATION

APPLICANT DATA

NAME: _____
Last First M.I.

ADDRESS: _____
Street City Zip

TELEPHONE: () _____ EMAIL: _____ APPLICANT'S AGE: _____
Area Code

INSTRUMENT PLAYED _____ OR VOCAL PART _____

HOW LONG HAVE YOU BEEN PLAYING? _____

ACCEPTED FOR AREA ALL-STATE? _____ ACCEPTED FOR HONORS BAND/CHORUS? _____

LIST PERFORMING GROUPS IN WHICH YOU HAVE PARTICIPATED _____

PARENT(S) OR GUARDIAN DATA

Please provide the name, address and phone number of the parent(s) or guardian you reside with.

NAME: _____
Last First Names

ADDRESS: _____
Street City Zip

TELEPHONE: () _____ RELATIONSHIP TO STUDENT: _____
Area Code i.e., Mother & Father, One parent only, Aunt, Grandparent, etc

EMAIL: _____

STUDENTS IN GRADES 6-11

MIDDLE OR HIGH SCHOOL DATA

Name of School _____ Grade _____

Music camp you would like to attend _____

Have you attended a music camp in the past? _____ If so, which one? _____

FINANCIAL DATA

NAME OF APPLICANT'S PARENT OR GUARDIAN: _____
Last First Names

HEAD OF HOUSEHOLD: YES _____ NO _____

NUMBER OF PERSONS IN HOUSEHOLD: NO. _____

NUMBER OF PERSONS IN HOUSEHOLD AGED 18 OR OLDER: NO. _____

NUMBER OF PERSONS IN HOUSEHOLD UNDER AGE 18: NO. _____

ANNUAL ADJUSTED GROSS INCOME: \$ _____ (**Line 34 of most recent form 1040 or Line 4 of most recent Form 1040EZ**) Please attach copy of Page 1 & Page 2 page of your most recent 1040 (if you do not file a 1040 or if your 2016 Form 1040 is unavailable, attach copies of your most recent W-2s and 1099s).

PLEASE EXPLAIN ANY EXTENUATING FINANCIAL CIRCUMSTANCES:

Estimate Coast of Attending Camp (These figures are provided by camp)	\$
Tuition	
Room or Rent (including utilities)	
Board or Food	
Books and Supplies	
Transportation (airfare, train, bus, etc.)	
Other: (Please list)	
TOTAL COSTS	\$
Estimated Financial Aid Resources	\$
Expected Contribution from Parents	
Expected Contribution from Student's savings or work	
TOTAL RESOURCES	\$
REMAINING FINANCIAL NEED (Subtract total resources from total costs)	\$

CERTIFICATION AND SIGNATURE

I hereby certify and swear that all of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property of the Gold Coast Jazz Society.

Parent or Guardian's Signature

Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of 2017 by

(Printed name of parent or guardian)

Notary Public--State of Florida

Personally Known _____

Print Notary Name : _____

Produced Identification _____

My Commission Number is: _____

Type of Identification _____
(Produced)

My Commission Expires: _____

Your **complete** application ***must be postmarked or delivered to*** the office of the **Gold Coast Jazz Society** by **5:00 p.m. on March 3, 2017.**

Applications received after **March 3, 2017** ***will not be accepted.***

Mail or hand deliver application to:
Scholarship Committee
Gold Coast Jazz Society
1350 East Sunrise Boulevard
Fort Lauderdale, FL 33304
(954) 524-0805

If you have any questions, please contact Gold Coast Jazz Society at 954-524-0805.

It is hereby understood and acknowledged that Gold Coast Jazz Society (GCJS) and its officers, directors, agents, servants and employees are not liable or otherwise responsible for direct or consequential damages claimed, or alleged by any scholarship applicant or his or her heirs, assignees, agents, parents or guardians as a result of, or arising from the applicants participation in the competition or any associated function or performance; or, as a result of GCJS' administration, judging and granting of awards as part of this program. All decisions by the GCJS are final and are not subject to appeal, question or review of any type and said decision shall be based solely on the information submitted by the applicant and the subjective evaluation of the applicant's competitive performances.

Applicant's Signature

Date

Parent or Guardian's Signature

Date

