

# 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 clearly labeled audition compact discs and recommendation 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

- CD Received
- Letter of Recommendation Received

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

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