Please complete, sign and return this form along with payment to Jefferson Center either via fax, e-mail (signed & scanned) or mail. Once an application and payment have been received, please allow 7-10 business days for processing and we will be in touch via e-mail or phone regarding details.

541 Luck Avenue, Suite 221, Roanoke VA 24016
p: | 540-685-2309 f: | 540-343-3744
w: | www.jeffcenter.org/musiclab e: | jharman@jeffcenter.org

**Jazz Institute Application 2019**

**Early Bird Pricing Now Available - $275 (send application and payment by May 20, 2019)**

**Jazz Institute Registration (after May 20, 2019) - $300**

**Jazz Institute Dates**
Monday, June 17th – Friday, June 21st - 8:30AM-4:30PM

Thursday, June 20th – Student Concert in the Rehearsal Hall at Jefferson Center LIVE RECORDING! – 7:30 PM

The Jazz Institute at Jefferson Center is a week-long intensive camp for 14-22 year old students who will be immersed in jazz performance and instruction with some of the world’s leading jazz artists and educators. Any instrument can apply with a special encouragement for saxophone, trombone, trumpet, piano, bass, guitar and drums. Discounts apply if application and tuition fee of $275 is paid by May 20th, 2019 (after May 20, 2019 the fee will increase to $300). Lunch is provided daily and a Jazz Institute t-shirt will be provided. The week will culminate with a recorded performance on Thursday night June 22nd in The Rehearsal Hall at Jefferson Center.

**Media Release** (If you prefer to opt out of the media release, please speak with Jordan Harman directly at 540-685-2309).

I hereby grant Jefferson Center the right to use, reproduce, distribute and/or transmit photographs, videotape and/or recordings of me, in whole and in part, and permit the use of my name in conjunction with these materials. I acknowledge that such photographs, videotape and/or recordings of me and any associated materials, printed, electronic, or other, may become part of copyrighted materials that Jefferson Center may distribute to others in furtherance of its educational mission.

_____________________________       ___________________________       ___________________
Member Name - Print                Member Signature               Date

_____________________________       ___________________________       ___________________
Parent Name - Print                 Parent Signature               Date

Cyrus Pace, Executive Director       Date
Jazz Institute at Jefferson Center - Applicant Information

**General Information**

Last Name: ________________________  First Name: _____________________  MI: _______
Date of Birth: ___/___/___  Gender:  Male: ___  Female: ___
Name of School/ School Program: _________________________________________________
  Type of School:  Public School: ___  Private School: ___  Home School: ___
  Higher Education: ___   Grade Level: ______
Home Street Address: ___________________________________________________________
City: _____________________  Zip: ______________
Home Number:____-____-____  Cell Number:____-____-____  Work Number:____-____-____
E-mail: ________________________________

**Parent/Guardian #1:**

Last Name: ________________________  First Name: _____________________  MI: _______
Relationship to Student: ________________________
Home Number:____-____-____  Cell Number:____-____-____  Work Number:____-____-____
E-mail: ________________________________

**Parent/Guardian #2:**

Last Name: ________________________  First Name: _____________________  MI: _______
Relationship to Student: ________________________
Home Number:____-____-____  Cell Number:____-____-____  Work Number:____-____-____
E-mail: ________________________________
Jazz Institute at Jefferson Center - Applicant Information

Jazz Institute - Emergency/Medical Information         Applicant Name: __________________________

Emergency Contact Number(s):
Name: ___________________________________________ Number: ___-____-____
Name: ___________________________________________ Number: ___-____-____

Please include as a separate page any medical conditions, allergies or other concerns we should be aware of.

Demographic Information (Though optional, this information could help the Music Lab at Jefferson Center acquire grant funding.)

Student Ethnicity:


American Indian or Alaska Native: ___  Native Hawaiian or Other Pacific Islander: ___

Other (Specify): __________________________________________________________

Is English the second language of the student?  Yes: ___  No: ___

Are other languages spoken in the home?  Yes: ___ No: ___

If so, list them here: _______________________________________________________

Jazz Institute at Jefferson Center - Music Ability and Interest Survey

What musical instrument(s) do you play?
Instrument: _______________________ Years Played:____  Private Lessons (Y/N):____
Instrument: _______________________ Years Played:____  Private Lessons (Y/N):____
Instrument: _______________________ Years Played:____  Private Lessons (Y/N):____

What adult size T-Shirt does the student wear?

___ XS  ___ S  ___ M  ___ L  ___ XL  ___ XXL

Are there any dietary restrictions? If so, PLEASE clearly specify so we can take these into consideration when planning student lunches.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

__________________________________________________  __________________________________________
Jazz Institute at Jefferson Center - Applicant Information

**Jazz Institute - Payment/Enrollment Information:**  

**Applicant Name:** __________________________

**ENROLLMENT**

Tuition Fee: $275 for full week which includes lunch every day, a Jazz Institute t-shirt.  
Early Bird Pricing of $275 available through May 20th, 2019. Price after May 20th, 2019 will be $300.

**FINANCIAL ASSISTANCE** (for those not needing financial assistance, you may skip this section)

In order to attend I will need financial assistance and would like to apply for a scholarship.  
Yes:___  No:___

If you checked “Yes” above, the parent or guardian must provide and attach a statement (preferably one page or less) indicating the circumstance(s) requiring you to seek financial assistance. In addition to considering your statement, please consider that financial assistance is based on availability for all Jefferson Center educational programs.

Are you able to make any financial contribution to offset your son/daughter’s camp fee?  
Yes:___  No: ___

If you answered “Yes” to the above question, please indicate how much you can contribute toward camp fee:  
$ _____________

**ADDITIONAL DONATION**

I would like to make an additional donation to the Jazz Institute of $________________________

The Music Lab at Jefferson Center is a 501C3 nonprofit organization. Contributions may be tax-deductible to the maximum extent of the law.

**METHOD OF PAYMENT**

**Payments can be made in person at the Jefferson Center, or by calling 540-345-2550 at the Jefferson Center Box Office**

Monday-Friday from 8:30am to 5:00pm.

You can also send a check made payable to Jefferson Center Foundation w/ “Jazz Institute” in memo line.

For credit card payments please fill out the following information:

Mastercard:___  Visa:___  Discover:___  Cash:___

CC#__________________________ Exp. Date _______ Zip Code: _______

PLEASE DO NOT WRITE IN THIS AREA