

America's Finest City Dixieland Jazz Society
A 501 (c) (3) non-profit Organization
Youth Program / Camp Scholarship Application

DATE OF APPLICATION: _____

Full Name: _____ Birthdate: _____

Address: _____ Phone _____

_____ E-mail: _____

School: _____

Instrument(s): _____

Proposed Youth Camp: **Sacramento Traditional Jazz Camp**

Youth Camp Director / Contact: **Bill Dendle, bdendle@comcast.net**

Camp Dates: **July 29 - August 4** _____ or **August 6 - August 12** _____

Total Camp Cost: **\$695**

Amount & purpose of other anticipated expenses: _____

Amount being requested in this application: _____

Other camp(s) previously attended by the applicant: _____

Applicant's music experience and accomplishments: _____

Contact information for parent or guardian:

Name: _____

E-mail address: _____

Phone number: _____ or _____

Submit the completed form by email to: jazzinfo@SDjazzfest.org

or by USPS mail to: AFCDJS, PO Box 880387, SD, CA 92168-0387.

Applications must be submitted by April 1, 2018.