

2016-2017 MSM Arts Jazz Scholarship APPLICATION FORM

Application Deadline:

This application with entry fee, repertoire form and summer study form **MUST** be postmarked on or before January 12, 2017 and mailed to:
MSM Arts, Inc., c/o Melton Mustafa, P.O. Box 552508, Miami Gardens, FL 33055
You may also print out the application and Fax it to Fax # 305-628-8979

Please type or print legibly.

Name: _____
Last First Middle Social Security #

Permanent Address: _____ (_____) _____
(Legal Residence) Street, House or Apartment Number Phone

City, State or Province, Zip or Postal Code E-mail

Mailing Address at School: _____ (_____) _____
Street, House or Apartment Number Phone

City, State or Province, Zip or Postal Code E-mail
(_____) _____
Cell Phone

Your Teacher if Applicable: _____ Your Instrument: _____

Name of College (if attending): _____

Name of Jr. High or Sr. High School (if attending): _____

Grade or Level: _____

If not currently a student, indicate degrees received, years and schools: _____

Your age: _____

SIGNATURE OF CERTIFYING TEACHER OR ORGANIZATION IF APPLICABLE:		
X _____	DATE:	_____
Address of Certifying Teacher or Organization: _____		
Street	City	State/Zip

APPLICATION INFORMATION IS CONFIDENTIAL. SCHOLARSHIPS AWARDED ARE DETERMINED BY MSM ARTS, INC.

I certify that all information on this application is correct. I understand that I can be disqualified from Scholarship Awards if MSM Arts, Inc. determine that I am ineligible for a scholarship.

SIGNATURE: _____ DATE: _____