



Community Women Against Hardship

**THE INSTITUTE FOR THE ADVANCEMENT OF JAZZ STUDY
AND PERFORMANCE STUDENT APPLICATION**

3963 West Belle Pl. St. Louis, MO. 63108 (314) 289-7523 www.cwah.org

Today's Date: _____

Are you a Beginner _____ Intermediate _____ Advanced _____

Please Print Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Age: _____ Gender: M F SS# _____

Home Address: _____ City _____ State _____ Zip _____

Home Phone# _____ Cell Phone# _____ Work Phone# _____

With whom does the child reside (if less than 18 years old)? (Primary Caregivers)

NAME	RELATIONSHIP	WORK NUMBER
1		
2		
3		

Emergency Contacts: (other than individuals listed above)

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Name of School _____ Grade/ Year _____

Have you ever played a musical instrument? ___ Yes ___ No How Long? _____

Name of the instrument? _____ Do you have a musical instrument? _____

BEGINNERS ONLY

What are you first 3 choices of instruments you would like to play?

1. _____ 2. _____ 3. _____

INTERMEDIATE & ADVANCED ONLY

When do you play your instrument ___ school band ___ home ___ private lessons ___ other

Do you know what Jazz is (explain) _____