

Kuumbwa Jazz Scholarship Application
Limited full or partial scholarships available

General Information

Parent's Name _____
Student's Name _____
Address _____
City _____ State ____ Zip _____
Phone _____ Alt Phone _____
Email _____

Financial Information

Salary/wages \$ _____
AFDC \$ _____
SSI / SSD \$ _____
Other Income \$ _____
Number of people in household _____

Estimate of what I can pay towards fee \$ _____

Please Note: This year, most scholarship recipients will be required to pay a minimum of \$100.

Please provide a brief paragraph telling us why your child wants to attend Jazz Camp: _____

DEADLINE TO APPLY: JUNE 1ST

How to submit

- **Submit online**
- **Print & Fax:** (831) 427-3342
- **Mail:** Kuumbwa Jazz, 320-2 Cedar Street, Santa Cruz, CA 95060