

Twin Ports
JAZZ SOCIETY 
Scholarship Application Form

Instructions:

Submit completed application, with all applicable signatures, to Twin Ports Jazz Society, 1414 E. 3rd Street, Superior, WI 54880. Please print clearly.

1. Incomplete, inaccurate, or not signed applications will not be considered.
2. You may apply for a TPJS scholarship once each year, or as required by scholarship criteria.
3. Please attach a written statement describing educational goals and other relevant information.

Personal Information:

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Student SSN#: _____

E-mail: _____

Academic Information:

College: University of Minnesota, Duluth University of Wisconsin, Superior

Semester for which application is being made (Term and Year): _____

Credit Hours Earned to Date: _____

Intended Major: _____ GPA: _____

Credit hours to be taken during semester for which scholarship is awarded: _____

Nepotism Statement:

- State law requires applicants to identify any relation to a current TPJS Board of Directors.
- A student related to a Board member can only receive a scholarship based on academic merit.

Are you related to any member of the Twin Ports Jazz Society Board of Directors? Yes No

If yes, please identify the Board member and the relationship: _____

Authorization Information:

I release to the Twin Ports Jazz Society Scholarship Committee and Board of Directors the right to access all my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for the Twin Ports Jazz Society.

I understand my name and information from my academic history may be released to the scholarship selection committee(s) and the scholarship donor(s). If awarded a scholarship, I release to the Twin Ports Jazz Society, the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Student Signature: _____ Date: _____

Twin Ports Jazz Society Scholarship Committee Use Only

Committee Chair Name: _____ Signature: _____

Date: _____

Applicant Name: _____ College: UMD UWS

Teacher Recommended By: _____ Affiliation: _____

Scholarship Approval Recommended: Yes No Amount: _____

Twin Ports Jazz Society Board Use Only

Board Chair Name: _____ Signature: _____

Scholarship Awarded: Yes No Amount: _____ Date: _____