

# 2023 Vail Jazz Workshop Application

Thank you for applying for admission to the 2023 Vail Jazz Workshop.

Before starting this application, review the detailed instructions at <https://vailjazz.org/education/vj-workshop/>.

Please ensure that you meet all application requirements and have the required files stated in the instructions to be submitted with your application. **Applicant's progress is saved automatically, and you may sign out and return to complete the form. Once submitted, you can not make any changes or updates.**

We appreciate your cooperation.

\* Required



## Contact Information

1. Full Name: \*

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2. Date of Birth: \*

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*Example: January 7, 2019*

3. I identify my gender as: \*

*Mark only one oval.*

Male

Female

Non-binary/Gender Nonconforming

4. US Citizen: \*

*Mark only one oval.*

Yes

No

5. Email: \*

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6. Contact phone number: \*

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7. Is your contact phone number a mobile? \*

*Mark only one oval.*

Yes

No

8. Home phone number if applicable:

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9. Street Address: \*

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10. City, State Zip: \*

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11. Mailing Address if different:

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12. How do you hear about the Vail Jazz Workshop? \*

*Mark only one oval.*

- Nominated
- Email from DownBeat Magazine
- Email from John Clayton
- JEN conference program book
- Social media
- DownBeat jazz camp guide
- Other: \_\_\_\_\_

## 13. Primary Instrument - Choose One: \*

Mark only one oval.

- Piano
- Bass
- Drums
- Trumpet
- Alto Saxophone
- Tenor Saxophone
- Trombone

## 14. Secondary Instrument (if any): \*

Mark only one oval.

- None
- Other: \_\_\_\_\_

Covid  
Vaccination  
Proof

To be eligible to attend the 2023 Vail Jazz Workshop, all selected Applicants must supply proof of receiving complete Covid vaccination shots and booster shots. Vaccination shots MUST occur at least two weeks before the start of the Workshop. Thank you for helping keep all of our students, instructors, and staff safe and healthy.

## 15. My covid vaccination records are up to date: \*

Mark only one oval.

- Yes
- No- I need to schedule a booster
- Vaccination not received as of yet

Skip to question 16

Please note: Proof of Covid vaccination will be required to attend the 2023 Vail Jazz Workshop

16. I verify that if selected to attend the Vail Jazz Workshop, I will be able to provide proof of Covid vaccination including up to date booster shot(s) administered two weeks before the start of the Workshop on August 26, 2023 \*

*Mark only one oval.*

Yes

No

### Current School Information

17. School Name: \*

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18. Grade Level Completing in 2023: \*

*Mark only one oval.*

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19. Name of High School Music Director or Jazz Teacher: \*

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20. Email of Music Director or Jazz Teacher: \*

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21. Contact phone number of Music Director or Jazz Teacher: \*

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22. Is the contact phone number of the Music Director or Jazz Teacher a mobile? \*

*Mark only one oval.*

Yes

No

23. Office phone number of Music Director or Jazz Teacher if applicable:

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24. If you will graduate from high school this year are you planning on attending college in the fall? \*

*Mark only one oval.*

Yes     *Skip to question 25*

No     *Skip to question 27*

N/A     *Skip to question 27*

**Attending College**

25. Name of College, if known:

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26. Date of first day of classes, if known:

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*Example: January 7, 2019*

Personal Statement

Please answer each question below in a maximum of 200 words for each question. If you are selected to participate in the Workshop, the following information may be used in the Vail Jazz Festival program book, on the Vail Jazz website, and for other publicity purposes.

27. Supply short biography of yourself: \*

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28. Supply a history of your music studies: \*

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29. List bands/groups/orchestras you have played in: \*

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30. List music awards, citations, scholarship, etc. that you have received: \*

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31. Give a brief history of your jazz playing and listening experiences: \*

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32. Name your three favorite players on your primary instrument and why you like them: \*

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33. Describe your goals for the Vail Jazz Workshop: \*

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34. Describe your experience with, or plans for community service: \*

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**Musical Reference**

Please supply the name, email, phone number and capacity of one musical reference:

35. Name of musical reference: \*

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36. Email of musical reference: \*

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37. Phone number of musical reference: \*

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38. Capacity of musical reference such as high school band director, teacher, other: \*

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**Scholarship Request**

Please indicate below if you would like to be considered for a full or partial scholarship from Vail Jazz to attend the Workshop.

If you are applying for a scholarship you must complete the below section and provide a copy of page one of your guardian(s) most recent 1040 Federal Tax return.

Note that financial information will be kept confidential and will only be used for determining eligibility for a financial support.

39. I would like to apply for a scholarship: \*

*Mark only one oval.*

Yes      *Skip to question 40*

No      *Skip to question 45*

#### Scholarship Request- Financial Information

40. Total family Gross Income from all sources, matching most recent tax return: \*

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41. Number of family members supported by the family income: \*

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42. Please upload page one of your families most recent 1040 Federal Tax return here, or submit it separately as a PDF via email to [John.Clayton@vailjazz.org](mailto:John.Clayton@vailjazz.org)

Files submitted:

43. Are there unusual circumstances that you feel may influence decisions regarding your eligibility for a scholarship? \*

*Mark only one oval.*

Yes      *Skip to question 44*

No      *Skip to question 45*

Description of special circumstances

44. Please describe special circumstances: \*

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Upload Documentation Required

45. Please upload a current HIGH RESOLUTION photograph of yourself (head shot or playing your instrument) that will be used for publicity purposes. \*

Files submitted:

46. If you have a link to your YouTube audition, you may copy and paste it here. If you do not have the audition recorded yet, you may send it to [John.Clayton@vailjazz.org](mailto:John.Clayton@vailjazz.org) when complete no later than 11:59PM MST March 31, 2023 .

Applicant's Certification	I have read the Instruction for completing my Application and I fully understand my obligations with respect to the Workshop. I hereby certify that the information contained in this Application is complete, accurate and honestly presented.
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47. Type your full name below to serve as your electronic signature. \*

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48. Today's date \*

*Example: January 7, 2019*

Parent or  
Guardian's  
Certification

This application must be acknowledged by your Parent or Guardian. They must certify that the information contained in this application is complete, accurate and honestly presented. Once you submit this form an automatically generated email will be sent to the parent or guardian's email address entered below. The parent/guardian must reply to the email for your application to be accepted.

49. Parent or Guardian's full name: \*

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50. Parent or Guardian's email: \*

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