



*The Charles Dolo Coker Jazz Scholarship Foundation, Inc., a non-profit 501(c)(3) organization, named for jazz pianist/arranger/composer/piano teacher/vocal coach/recording artist Dolo Coker, was founded in his memory on Wednesday, April 13, 1983, the date on which he succumbed to Cancer. The mission of the foundation is to assist talented, young jazz musicians with their musical studies and to perpetuate jazz. America's only indigenous art form.*

**To: Scholarship Applicants, School Administrators, Music Department Chairmen, Music Teachers**  
**From: Sybil J. Thomas Coker and Clifton Blevins, II, Co-Chairmen of the 2012 Dolo Coker Jazz Scholarships Committee**  
**Subject: 2012 Dolo Coker Jazz Scholarship Auditions**

**Please read 2012 scholarship criteria and follow all instructions carefully:**

- 1) All applicants must be a **full time high school, college, home schooled or online student**, between the ages of **15 and 25**, whose status must be current and verified by a School Hand Stamp, or signature of an administrator (a form is included in the application packet). At the time of the auditions you must produce a school or DMV photo ID. Home schooled and Online students must present current enrollment verification and Photo ID, also. **There will be no exceptions.**
- 2) Completed scholarship applications must be returned on or before the deadline, Saturday, March 05, 2012, to P.O. Box 480028, L.A., CA 90048.
- 3) An applicants' completed application packet must include: **(1) a biographical sketch, (2) letters of recommendation and verification of school enrollment.**
- 4) All applicants will be notified via U.S. mail or email from committee chair proof of your acceptance. No time certain is assigned. Applicants perform on a first come basis. Sign in begins at 9 a.m.

**NO APPLICATION WILL BE ACCEPTED ON THE DAY OF THE AUDITIONS.**

**SELECTION PROCESS:** \_\_\_\_\_

**All presentations MUST BE IN JAZZ!** Applicants will be judged on:

**IMPROVISATION :** vocabulary, time feel/groove, creativity/originality, interpretation

**MUSICIANSHIP:** dynamics, overall technique, intonation/sound/tone, time, interaction, stage presence

**Auditions will take place on Saturday, March 17, 2012, 10:00 a.m., downstairs in Hornaday Hall at Founders', 3281 West 6th Street, Los Angeles, 90020, located one block west of Vermont Ave. between New Hampshire and Berendo, one block north of Wilshire Blvd. Parking in parking structure is available.**

Applicants must be aware of time. Your performance may be less than but not exceed 5 minutes from start to finish. Applicants who exceed the time limit WILL Lose Points. Applicants must provide own instrument (exceptions piano, basic drum set). Applicants must provide own live accompaniment as neither tapes nor recordings will be allowed.

**ALL SCHOLARSHIP RECIPIENTS MUST APPEAR IN PERSON**, at the 29th annual "Tribute to Dolo Coker" scholarship benefit jazz concert, on Sunday, April 22, 2012, 3 to 6:30 p.m., in order to receive their checks. None will be mailed nor delivered to another party. **THERE WILL BE NO EXCEPTIONS.** Instrumental/vocal Scholarship recipients 1st - 6th place should be prepared to perform their audition piece. Questions? Clarification? Please call (323) 935-1374, (323)935-0273, or (818)251-4829

**Signature of Chair:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**THE CHARLES DOLO COKER JAZZ SCHOLARSHIP FOUNDATION, INC.**

(A non profit 501 (c) (3) Organization)

POST OFFICE BOX 480028, LOS ANGELES, CA 90048

(323) 935-1374 (TELEPHONE & FAX), DOLOCOKERJAZZ.ORG

**2012 DOLO COKER JAZZ SCHOLARSHIP APPLICATION**

**(PLEASE TYPE OR PRINT NEATLY IN INK)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Present School: \_\_\_\_\_ Present Grade/Level \_\_\_\_\_

School District: \_\_\_\_\_

Instrument(s): \_\_\_\_\_ Voice: \_\_\_\_\_

Which instrument(s) will you play at the competition? \_\_\_\_\_

Number of months/or years of musical training? \_\_\_\_\_

Have you or do you participate in a school's music program? \_\_\_\_\_

- Elementary School       Middle School/Junior High       Senior High       College       Private Study

\*\* Have you ever participated in a Dolo Coker Jazz competition?     Yes     No    If yes, when? \_\_\_\_\_

Did you receive a scholarship?     Yes     No    If yes, how did the monies received assist you? \_\_\_\_\_

If yes, do you include Dolo Coker Scholarship Foundation in your resumé?     Yes     No

How did you hear about the DOLO COKER JAZZ SCHOLARSHIP FOUNDATION? (check all that apply)

- Newspaper     Television     Flyers     Word of Mouth     On Our Mailing List     Radio     Online

Counselor (Name) \_\_\_\_\_     Teacher (Name) \_\_\_\_\_

Music Teacher (Name) \_\_\_\_\_     Other \_\_\_\_\_

Please list any community, school, church, or civic music organization to which you belong or have belonged:

Please list your recent past participation in Music Competitions (Yes, please include Dolo Coker if it applies):

<u>Dates</u>	<u>Award Won</u>
_____	_____
_____	_____
_____	_____

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

FOR ADDITIONAL INFORMATION, PLEASE CALL: (323)935-1374, (818) 251-4829 , (323)935-0273.

**APPLICATION DEADLINE: MONDAY, MARCH 5TH, 2012. NONE WILL BE ACCEPTED ON THE DAY OF THE COMPETITION.**

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POST OFFICE BOX 480028 LOS ANGELES, CALIFORNIA 90048

**VERIFICATION OF STUDENT ENROLLMENT IS MANDATORY**

(PLEASE PRINT LEGIBLY OR TYPE)

**SECTION I - TO BE COMPLETED BY APPLICANT**

\_\_\_\_\_  
Name of Applicant (Last Name) (First Name) (Middle Name)

\_\_\_\_\_  
Address of Applicant City State Zip Code

\_\_\_\_\_  
Phone/Mobile/Pager Message/Fax E-mail

\_\_\_\_\_  
Instrument(s) or voice

**SECTION II - TO BE COMPLETED BY HIGH SCHOOL/UNIVERSITY/COLLEGE VERIFYING CURRENT ENROLLMENT**

\_\_\_\_\_  
Name of High School/University/College where applicant is currently enrolled.

\_\_\_\_\_  
Name and title of Authorized Person verifying data

\_\_\_\_\_  
Signature of Authorized Person Date Signed

**SECTION III - FOR HIGH SCHOOL STUDENTS**

\_\_\_\_\_  
Name of School District Name of School Grade Level

\_\_\_\_\_  
Signature of one of the following: Principal/Counselor/Music Teacher Title

\_\_\_\_\_  
**SIGNATURE OF APPLICANT: DATE:**

PLEASE RETURN THIS VERIFICATION FORM WITH YOUR APPLICATION.

For Further Information Please Call: (323) 935-1374, (323) 935-0273, (818) 251-4829

