



*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, Chairwoman of the 2019 Dolo Coker Jazz Scholarships Committee  
Subject: 2019 Dolo Coker Jazz Scholarship Auditions

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

- 1) All applicants must be a **full time public or private 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) A clearly written, printed or typed scholarship application must be returned via first class U.S. Mail on or before the deadline: **Friday, March 8, 2019**, via P.O. Box 480028, Los Angeles, CA 90048.
- 3) An applicants' completed application packet **MUST INCLUDE: a biographical sketch, 2 letters of recommendation and verification of current school enrollment.**
- 4) All applicants will be notified via U.S. mail or email of receipt of their application and **WILL BE TOLD IF THE APPLICATION IS COMPLETE OR INCOMPLETE.**

**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:** creativity/originality/interpretation

**MUSICIANSHIP:** dynamics/overall technique/stage presence/sound

Each applicant will have five minutes from beginning to end to perform. Applicants who go over the time limit will lose points. Applicants who choose to perform original compositions must provide copies for the judges. A piano and a basic drum set will be available at the venue. The Foundation will provide a house rhythm section of piano, bass and drums, however, applicants choosing to utilize the house rhythm section must provide sheet music for the rhythm section. Applicants may use their own accompaniment, and must provide their own CD Player, if needed.

**Auditions will take place on **Saturday, March 16, 2019**, 10:00 a.m., 3351 West 43rd Street Los Angeles, CA 90008. Street parking is metered. Please watch the signs to avoid getting a parking ticket at the meters. Sign in begins at 9:00 a.m. Applicants perform on a "first come" basis.**

**ALL SCHOLARSHIP RECIPIENTS MUST APPEAR IN PERSON FOR THE DURATION OF THE EVENT**, at the 36th annual "Tribute to Dolo" scholarship benefit jazz concert, on **Sunday, April 28, 2019**, in order to receive their check. None will be mailed nor delivered to another person. **THERE WILL BE NO EXCEPTIONS.** Instrumental/Vocal Scholarship Recipients 1st - 6th place should be prepared to perform **THEIR AUDITION PIECE IN THE SAME TIME FRAME. THERE WILL BE NO EXCEPTIONS.** Our Artistic Director will contact you regarding concert programming.

Questions? Clarification? Please call (323) 935-1374, (323) 935-0273 or (323) 578-7178.

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), [www.dolocokerjazz.org](http://www.dolocokerjazz.org)

**2019 DOLO COKER JAZZ SCHOLARSHIP APPLICATION**

**(PLEASE TYPE OR PRINT LEGIBLY 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 / years of musical training? \_\_\_\_\_

Do you or have you participated in a school's music program  Yes  No

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Do you take private lessons?  Yes  No Teacher: \_\_\_\_\_

How did you first hear about the Dolo Coker Jazz Scholarship Foundation? \_\_\_\_\_

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

Did you receive a scholarship?  Yes  No If yes, which scholarship did you receive? \_\_\_\_\_

If yes, how did the monies received assist you? \_\_\_\_\_

If yes, please remember to include Dolo Coker Scholarship Foundation in your resumé.

**PRINT NAME LEGIBLY:** \_\_\_\_\_

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

**APPLICATION DEADLINE: FRIDAY, MARCH 8, 2019. NONE WILL BE ACCEPTED ON THE DAY OF THE COMPETITION.**

FOR ADDITIONAL INFORMATION, PLEASE CALL (323) 935-1374, (323) 935-0273 OR (323) 578-7178

**THE CHARLES DOLO COKER JAZZ SCHOLARSHIP FOUNDATION**

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

POST OFFICE BOX 480028 LOS ANGELES, CA 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 PUBLIC/PRIVATE/HOME SCHOOL/ONLINE HIGH SCHOOL PROGRAM/  
ONLINE UNIVERSITY/OR COLLEGE where applicant is currently enrolled.**

\_\_\_\_\_  
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

**PRINT NAME LEGIBLY:** \_\_\_\_\_

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

PLEASE RETURN THIS VERIFICATION FORM WITH YOUR APPLICATION.

FOR ADDITIONAL INFORMATION, PLEASE CALL (323) 935-1374, (323) 935-0273 OR (323) 578-7178

