



**Jazz Links Jazz Master Residency/Professional Development Program  
Application 2017-18**

**Applications are due Tuesday, November 13, 2017 by 5:00 pm**

Please return completed applications to [diane@jazzinchicago.org](mailto:diane@jazzinchicago.org) or by mail at:

Jazz Institute of Chicago

Jazz Links Jazz Master Residency/Professional Development Program

410 S. Michigan Ave

Suite 500

Chicago, IL 60605

**Please select/check one (1) program choice from the menu below. Please see description page for requirements for each program:**

- Jazz Band Intensive
- Beyond 5 Lines and 4 Spaces
- The Jazz Voice and Vocal Improvisation
- Jazz for Strings
- Jazzy Keys Piano Lab
- Swinging, Grooving, and Beyond
- Creative Music/Graphic Notation
- Latin Jazz

**School:**

**Address:**

**School Telephone:**

**Principal:**

**Teacher Contact:**

**Preferred E-Mail:**

**Preferred Telephone:**

**GSR#**

**Cluster:**

**Area:**

**Jazz Lives! For First Year Schools Only – (If you are a returning school you do not need to indicate a time. Only do so if you would like to have this presentation)**

Please provide the best date for this presentation for your classroom:

Date

Time:

**Please provide the following information, specific to the Residency Program at your school. (Please note the program provides 8 sessions between February and May):**

Program Start Date

Program End Date

**To assist with artist assignment considerations, please answer the following questions as they relate to the specific classroom to be served:**

Number of Students to be served:

Enter Class Time for which program is to be held (am/pm) to (am/pm)

Preferred day of week for the program: Monday Tuesday Wednesday Thursday Friday

Location where Program will be held (Classroom Number)

Do your students have any familiarity with Jazz? Yes No

Describe the students jazz music level: Beginning Intermediate Advanced

What are the musical cultures that your students are familiar with? Describe/List below:

**To assist with the program in your classroom, the following equipment may be necessary. Please place a check next to the equipment that will be available for use by the artist assigned to your school:**

CD Player

Chalkboard or Dry Erase Board

Video Equipment w/Monitor

MP3/iPod w/ 1/8 in. input (to sound system)

DVD Player

Projector and Screen

Internet Access (in the classroom)

Computer (in the classroom)

Piano in the classroom

**What do you expect *your students* to gain from working with a resident artist?**

**Please identify 2 or more specific areas you would like the resident artist to address with your students.**

**The Residency Program is designed to assist both students and their teachers. *As an educator*, what do you expect to gain from working with a resident artist?**

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**Please identify 2 or more areas on which you (the educator) would like to receive insight/assistance from the resident artist.**

For instrumental programs, please list the type and quantity of instruments available to your students that will be served by the Residency:

Instrument	Quantity	# of Students on each instrument

Does your school have any other Music Partners who currently provide a service to your school?

Yes (If Yes, please list below)

No

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How many years has your school participated in the Jazz Institute's Jazz Masters Residency/ Professional Staff Development Program?

Year(s)

Do you have an Arts Liaison?  Yes  No

Arts Liaison's Name

*Please note schools accepted into the program must be able to meet at the regularly established time of the program. The school's Music Instructor or an assigned Coordinator must be available for each session. Additionally, scheduled meetings with the Music Instructor and/or Coordinator and the Artist –In-Residence must be held as scheduled to assist with overall program goals and program assessment)*

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Principal's Signature

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Music Instructor /Coordinator's Signature