

**Greater Bridgeport Youth Orchestras
KUBTEC Bob & Dorothy Genualdi Scholarship
Application**

DUE FIRST DAY OF REHEARSALS

Student's Name _____ Grade in school _____

Instrument _____ Prior Yr. Ensemble _____ # Years in GBYO _____

Address _____

Parent Email _____

Parent Signature _____ Date _____

Please answer the questions below carefully. If you need more space, continue your responses on the back or attach another sheet if necessary. Return this form with a *GBYO financial aid application* and a *copy of your most recent tax return* by First Day of Rehearsals to: GBYO, P.O.Box 645, Fairfield, CT 06824 OR turn it in at rehearsal.

Why is it important for you to play a musical instrument? (Not to exceed 300 words) _____

Why do you want to be a part of GBYO? (Not to exceed 100 words) _____
