

Greater Connecticut Youth Orchestras
VINCENT J. PEZZELLA
Scholarship Application
DUE FIRST DAY OF REHEARSALS

Student's Name _____ Grade in school _____

Instrument _____ Prior Yr. Ensemble _____

Years in GCTYO _____

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 *GCTYO financial aid application* and a *copy of your most recent tax return* by First Day of Rehearsals to: GCTYO, P.O.Box 645, Fairfield, CT 06824 OR [turn it in at rehearsal](#).

Explain what music means to you. (300 words or fewer)

How can GCTYO help you express your love of music? (200 words or fewer)
