

Greater Connecticut Youth Orchestras

GIL RODRIGUEZ Memorial

Scholarship Application P. 1

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.**

Why is it important for you to play a musical instrument? (300 words or fewer)

How has music helped you to overcome obstacles? (300 words or fewer)

P.2

Why do you want to be a part of GCTYO? (100 words or fewer)
