

**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)

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

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

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