



JESSE N. GLAUDE
EXECUTIVE DIRECTOR

CCSArts 2017 Scholarship Application

Name: _____ Age: _____

Address: _____
(street) (town) (state) (zip code)

Phone: Home: (____) _____ Cell: (____) _____

Work: (____) _____

Email: _____

Please answer the following questions in order to assist us in learning more about you.

1. Why do you want to study music?

2. Do you have any musical experience either in or out of school? If yes, please describe.

3. Do you have any long term musical goals or dreams? If yes, please explain.

4. Please summarize, as completely as possible, your reasons for applying for the Joanne C. Lillpopp Scholarship.

Applicant Signature _____

Date _____

This completed and signed application form must be sent to the Scholarship Committee postmarked on or before January 13, 2017.

❖ Applications sent after this deadline will not be considered.

Please send your completed application form to:

**Christ Church School of the Arts, Inc.
78 Washington Street
Norwich, CT 06360
Attn: Scholarship Committee**

Individual interview times will be arranged with each applicant.

**For further information or questions, please contact CCSArts at:
860.425.0663 or ccsartsmail@yahoo.com.**

We look forward to meeting you at the interview and offer every best wish as you pursue your musical interests and studies.