



JESSE N. GLAUDE  
EXECUTIVE DIRECTOR

**Albert G. Kyle Memorial 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?

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

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

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4. Please summarize, as completely as possible, your reasons for applying for the Albert G. Kyle Memorial Scholarship.

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**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**This completed and signed application form must be sent to the Scholarship Committee postmarked on or before September 30, 2016.**

❖ **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](mailto: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.**