

# Central Vermont Share the Music, Inc. Scholarship Application

## Instructions

Fill out this application form completely and mail to CVSM, Inc., Attn. Scholarships, 617 East Hill Road, Middlesex, VT 05602. Use additional sheets as necessary. Include any other documents or information that you believe may be pertinent.

## Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current or Proposed Music Instructor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Amount of Scholarship Requested**    \$500 \_\_\_\_\_    \$1000 \_\_\_\_\_

**Explain specifically how the scholarship funds will be used if awarded.**

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**Describe your musical background, current musical involvement and goals for the future.**

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**Explain your financial need.**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_