



Greater New Haven Community Chorus

SCHOLARSHIP APPLICATION – CHORAL ASSISTANT

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ E-mail Address: _____

APPLICANT STATEMENT

Why are you seeking this position? What experience do you hope to gain? What skills will you bring to the Greater New Haven Community Chorus?

DESCRIBE YOUR CHORAL EXPERIENCE

DO YOU PLAN AN INSTRUMENT? If so, which and what is your level of proficiency?

REFERENCES

Please provide two letters of reference/recommendation from persons who know you as a musician (College choral director, music professor, etc.).

Applications must be received by September 24, 2009. Send your completed application letters of recommendation, and application fee of \$25.00 to:

Choral Assistant Applications
Greater New Haven Community Chorus
P.O. Box 351
New Haven, CT 06502-0351