

# *Cecilian Music Club* Founded 1833 Cecilian Scholarship

### Cover Sheet for Participating Teachers

**Please fill out and mail by the postmark deadline (available online) to:** Scholarship Chair, Barbara Lerro 26 Bernice Drive Freehold, NJ 07728

#### **1. Teacher Information (Please print)**

Name:	
Cecilian Club Member: Yes No	Dues: Paid Enclosed
Address:	
	Email:

#### 2. Letters of Recommendation

For each student, please comment briefly on their musical experience, personality, suitability for the program in question, as well as any other information relevant to their acceptance for the Cecilian Music Club Scholarship. Please write approximately 150-300 words. Please attach letters of recommendation for each student with the NAME OF STUDENT, PROGRAM, and YOUR NAME printed clearly at the top each letter. Thank you very much for your time and assistance!

#### 3. List of Students Participating

Please fill out the chart on the next page with the students who are applying for the Cecilian Music Club Scholarship from your studio to help us organize our applications. Thank you!



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## List of Students Participating

Name of Student	Age /Grade (ie 11/6 <sup>th</sup> )	Program Attending	Letter Enclosed? (y/n)

Thank you very much for your time and assistance!