



# AMERICAN THEATRE ORGAN SOCIETY

## 2017 Scholarship Program Application Form

*Please type or clearly print.*

Name of Student: \_\_\_\_\_

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

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone: \_\_\_\_\_ Birth date: \_\_\_\_\_

E-Mail Address (required) \_\_\_\_\_

Name of your School: \_\_\_\_\_

School Telephone: \_\_\_\_\_ Grade level in School: \_\_\_\_\_

Brand / Type of Organ Being Used for Practice: \_\_\_\_\_

How often are you taking your theatre organ lessons (required): \_\_\_\_\_

How much is your teacher charging per lesson (required): \_\_\_\_\_

Name of your Professional Theatre Organ Teacher: \_\_\_\_\_

Your Teacher's Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Signature of your Theatre Organ Teacher (required): \_\_\_\_\_

General Areas and Years of Musical Study to date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return application and essay by April 15th, 2017 to:

ATOS Scholarship Program  
Carlton B Smith  
2175 N Irwin Street  
Indianapolis IN 46219-2220