



AMERICAN THEATRE ORGAN SOCIETY

2012 Scholarship Program Application Form CATEGORY "B"

Please type or clearly print.

Name of Student: _____

Address: _____

City & State: _____ Zip Code: _____ - _____

Telephone: _____ Birth date: _____

E-Mail Address (required) _____

Name of College: _____

College Address: _____

College City & State: _____ Zip Code: _____ - _____

College Telephone: _____ Year in College: _____

Major Field of Study: _____

Grade Point Average in your Major: _____

Areas and Years of Musical Study : _____

Name of your organ Instructor or Department Head: _____

Signature of organ Instructor or Department Head: _____

Return application and essay by **April 15th, 2012** to:

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