



## THEATRE ORGAN STUDENT OF THE YEAR

Recognizing a theatre organ student who has demonstrated exceptional commitment to and improvement in his/her theatre organ studies

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### THEATRE ORGAN STUDENT OF THE YEAR 2013 APPLICATION FORM

- I am (please check ONE):  Nominating myself (Skip Page 2)  
 Nominating a student (Complete Pages 1 & 2 ONLY)

#### INFORMATION OF NOMINEE

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*month day year*

Secondary address and phone number (if nominee is attending school away from home)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

**INFORMATION OF PERSON MAKING NOMINATION**

Complete ONLY if you are nominating a student.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Are you the nominee's organ instructor?

Yes       No

If yes, how long have you worked with the nominee? \_\_\_\_\_

Is the nominee, or a member of the nominee's household, an ATOS Member?

Yes       No       Unknown

If yes, what is the name of the ATOS Member? \_\_\_\_\_

Local chapter affiliation (if any/known) \_\_\_\_\_

Your signature \_\_\_\_\_

Date \_\_\_\_\_

**Please send this application and all supporting materials to  
Nathan Avakian, Youth Representative to the Board  
n.avakian@atos.org  
PO Box 2037 Beaverton, OR 97075**

**All applications and supporting materials must be emailed or postmarked  
no later than WEDNESDAY, MAY 1, 2013.**

**APPLICATION CHECKLIST**  
For third-party nominations only

**Please include the following items with your application:**

- Pages 1 and 2 only of this application form
- Your letter of recommendation for the nominee
- Any other information you wish to have considered (optional)

**ADDITIONAL INFORMATION OF NOMINEE**

Complete ONLY if you are a student nominating yourself.

Are you, or is someone in your household, an ATOS Member?

Yes       No

If yes, what is the name of the ATOS Member? \_\_\_\_\_

Local chapter affiliation (if any) \_\_\_\_\_

Theatre organ instructor writing letter of recommendation:

\_\_\_\_\_

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

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PO Box 2037 Beaverton, OR 97075**

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no later than WEDNESDAY, MAY 1, 2013.**

**APPLICATION CHECKLIST**

For self nominations only

**Please include the following items with your application:**

- Pages 1 and 3 only of this application form
- A letter of recommendation from your organ instructor
- An essay and/or résumé (not to exceed two double-spaced typewritten pages)
- Any other information you wish to have considered (optional)