

George Wright Memorial Fellowship Application Form

Sponsoring a young person to attend their first American Theatre Organ Society Annual Convention, Summer Youth Adventure, or Technical Experience

Name: _____

Home Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Date of birth _____/_____/_____

month *day* *year*

Secondary Address (if attending school away from home)

Address: _____

City, State, Zip: _____

Event (check one)

_____ ATOS Annual Convention (Indianapolis IN, July 7-10)

_____ ATOS Summer Youth Adventure (Detroit MI, July 12-19)

_____ ATOS Technical Experience

Please send this application and all supporting materials to:

Luke Staisiunas, Youth Representative to the Board

l.staisiunas@atos.org

All applications and supporting materials must be emailed no later than May 15, 2020

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

If so, what is the name of the ATOS Member? _____

Local chapter affiliation, if any? _____

Have you ever applied for the George Wright Memorial Fellowship before this year? Y___/N___

If so, in which year(s) in which did you submit an application? _____

Have you ever attended the event specified above before? Y___/N___

In a separate document, please answer the following questions in no more than 250 words each:

- 1) Briefly describe your interest in the theatre organ.
- 2) How would attending your selected event benefit you?
- 3) What do you hope to gain from attending your selected event (be specific)?
- 4) **(optional)** Is there any additional information that you feel should be included with this application?

Remember to send in the following items with your application:

1. Letter of recommendation
2. Short answer responses
3. Proof of age (driver's license, student ID, passport, etc.)
 - a. If you will be under 18 as of the time of the chosen event, the signed completed form on page 3 of the application by your parent or legal guardian.
4. Any other information you wish to have considered

Signature of Applicant: _____

Date (MM/DD/YYYY): _____

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NOTE: If you will be under 18 years of age as of the time of the selected event, the following information must be completed by your parent or legal guardian. You must also be accompanied to the event by your parent, legal guardian, or someone of your parent or guardian's choosing.

Applicant's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

I give my permission for my child to attend the following event: _____

Parent/Guardian Signature: _____

Please print name: _____

Relationship to applicant: _____

The adult who will be accompanying the winner will be:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

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