



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

THEATRE ORGAN STUDENT OF THE YEAR 2016 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
Joshua Dill, Youth Representative to the Board**

**seaquest8@gmail.com
108 Jackson Dr., Leesburg, Ga. 31763**

**All applications and supporting materials must be emailed or postmarked
no later than THURSDAY, MAY 1, 2016.**

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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seaquest8@gmail.com
108 Jackson Dr., Leesburg, Ga. 31763**

**All applications and supporting materials must be emailed or postmarked
no later than FRIDAY, MAY 1, 2016.**

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)