



## GEORGE WRIGHT MEMORIAL FELLOWSHIP

Sponsoring a young person to attend his or her first ATOS Annual Convention, Summer Youth Adventure, or Technical Experience.

### GEORGE WRIGHT MEMORIAL FELLOWSHIP 2016 APPLICATION FORM

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 (Cleveland, OH, July 3-8 2016)

\_\_\_\_\_ ATOS Summer Youth Adventure (Locations and dates TBA)

\_\_\_\_\_ ATOS Technical Experience (Location and dates TBA)

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

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

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

Have you applied for the George Wright Memorial Fellowship before this year? \_\_\_\_\_

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

Have you ever attended the event specified above before? \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**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 permission for my son / daughter to attend the (check one):

- \_\_\_\_\_ ATOS Annual Convention (Cleveland, OH, July 3-8, 2016)  
\_\_\_\_\_ ATOS Summer Youth Adventure (Location and dates TBA)  
\_\_\_\_\_ ATOS Technical Experience (Location and dates TBA)

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

**Please send this application and all supporting materials to:**

Joshua Dill, Youth Representative to the Board  
108 Jackson Dr., Leesburg, Ga. 31763  
seaquest8@gmail.com

**All applications and supporting materials must be emailed or postmarked  
no later than Wednesday, APRIL 15, 2016.**

**Remember to include the following items with your application:**

Letter of recommendation

Essay (not to exceed two double-spaced typewritten pages).

Proof of age (drivers license, student ID, passport, etc.)

If you will be under 18 as of the time of the chosen event, the signed completed form on page 2 of the application by your parent or legal guardian.

Any other information you wish to have considered.