



AMERICAN THEATRE ORGAN SOCIETY

2018-19 Scholarship Program Application Form

Please type or clearly print.

Name of Student: _____

Address: _____

City & State: _____ Zip Code: _____ - _____

Telephone: _____ Birth date: _____

E-Mail Address (required) _____

Name of your School: _____

School Telephone: _____ Grade level in School: _____

Brand / Type of Organ Being Used for Practice: _____

How often are you taking you theatre organ lessons (required): _____

How much is you teacher charging per lesson(required): _____

Name of your Professional Theatre Organ Teacher: _____

Your Teacher's Address: _____

City & State: _____ Zip Code: _____ - _____

Signature of your Theatre Organ Teacher (required): _____

General Areas and Years of Musical Study to date: _____

Return application and essay by June 15th, 2018 to:

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