



National Association of Theatre Owners™
of Illinois

NATO of Illinois College Scholarship Application

Please Print

Name _____

Address _____

City, State, Zip _____

Phone Number _____

E-mail _____

Circuit _____ Theatre Name _____

Theatre Address _____

Theatre Manager's Name _____

Theatre Phone Number _____

Date of Hire _____ Current Position _____

Total hours to be worked March 1 – Feb 28 _____

Average weekly hours worked: Summer _____ School Year _____

High School _____ Graduation Year _____

College(s) Attended _____

Current School Address _____

School Phone Number _____

List any School Extracurricular Activities with dates _____

List any Community Activities with dates _____

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Please attach the following information: (applicant name must be identified on all attachments)

_____ High School Transcripts (all applicants) - **required**

_____ College Transcripts - **required** only if previously attended at any time

_____ Reference letter from current Theatre Manager on letterhead - **required**

_____ Reference letter from a school instructor or non-theatre work-related supervisor - **required**

_____ Essay - **required**

In 250 words or less, please write about a theatre-related topic of your choice. You may attach a separate sheet.

_____ Sign application - **required**

Essay: _____

I certify that all information contained on my application is complete and accurate.
NATO of Illinois reserves the right to modify, amend or cancel the program at any time and without notice.

Signature _____ Date _____