



Connecticut Association
of Theatre Owners

2013 SCHOLARSHIP APPLICATION

Please Print or Type

Date _____

Personal Information

Full Name _____

E-Mail Address _____

Street Address _____

City, State, Zip _____

Phone Number _____ (Home) _____ (Cell)

Date of Birth _____ Place of Birth _____

Have you attached your Personal Profile Letter? YES or NO

Employment Information

Theatre Name _____

Theatre E-Mail Address _____

Street Address _____

City, State, Zip _____

Theatre Office Phone Number _____

Theatre Managers Name _____

Your Position at Theatre _____

Length of Employment at this Theatre _____ year(s) _____ months

Experience at other theatres _____

Have you attached a letter from your Theatre Manager? YES or NO

Education

Present School _____

Address _____

What year will you or did you graduate from High School? _____

Intended school for Fall Semester 2013 _____

Have you attached SAT scores and School Transcript(s)? YES or NO