



National Association  
of Theatre Owners  
of California/Nevada

# 2009 SCHOLARSHIP PROGRAM

**UP TO TWENTY**

# \$7,500 SCHOLARSHIPS

**AVAILABLE FOR POST SECONDARY  
OR VOCATIONAL EDUCATION!**

Applications must be postmarked or delivered to the  
NATO of CA/NV Office by April 24, 2009.

Scholarships will be announced in June, 2009.

Visit [www.NATOCalNev.org/scholarship.html](http://www.NATOCalNev.org/scholarship.html)  
for application and more information.



Who is

## ELIGIBLE?

- ❖ Field Level Employees of a NATO of California/Nevada member theatre.
- ❖ California and Nevada based **Home Office Employees**, with the exception of **Corporate Officers**, with at least 50% of their job duties connected to theatre related matters, of NATO of California/Nevada member theatre companies.
- ❖ **Dependents** of qualifying Home Office Employees and full salaried theatre managers. Dependent applicants must be either a dependent child by birth, marriage, adoption or foster care, or a spouse, of a California or Nevada based home office employee or full salaried theatre manager, of a NATO of CA/NV member theatre company.

What are the

## QUALIFICATIONS?

- ❖ Applicants must have a minimum GPA of 3.0. For those currently in school the GPA will be calculated based upon grades earned during the period of January, 2007 through December, 2008. College freshmen must include high school transcripts to cover this period. Returning post-secondary or vocational students must provide the most recent official transcripts representing 36 semester units or 54 quarter units.
- ❖ Field level employees must have worked a minimum of 500 hours during the year of eligibility (April 16, 2008 - April 15, 2009) in a member theatre. For home office employees and dependents, the employee must have a minimum of two years of full-time continuous service with a qualifying company.
- ❖ Applicants must either be (a) a senior in high school who has been accepted to a post-secondary or vocational institution for Fall, 2009, or (b) already enrolled in a post-secondary or vocational institution and returning in Fall, 2009 or (c) a returning student who has been accepted to a post-secondary or vocational institution for Fall, 2009.
- ❖ Applicants must enroll in at least three classes in a post-secondary or vocational institution with a minimum of 9 semester units or 13.5 quarter units to qualify. Proof of enrollment for Fall, 2009 is required prior to awarding of scholarship check.
- ❖ Prior recipients are eligible.
- ❖ NATO of California/Nevada reserves the right to publish winning essays, thank you notes and photographs in its newsletters, on its web site, and in other media in connection with NATO of CA/NV or the NATO of CA/NV Scholarship Program.

## ESSAY QUESTION:

**What humanitarian effort within the last twelve months most impressed you and why?**



## What is the **APPLICATION PROCESS?**

### Applicant must supply original documents for all of the following:

1. **Official high school or college transcript.**
  - ❖ Spring, 2009 high school graduates' GPA will be calculated by committee based upon grades from the period of January, 2007 through December, 2008.
  - ❖ Current post-secondary or vocational institution students' GPA will be calculated by committee based upon official grade reports representing the most recent 36 semester units or 54 quarter units. Freshmen must include grades from high school to cover the period.
  - ❖ For returning students: High school graduates who graduated prior to Spring, 2009, and those students who have completed some post-graduate studies must supply transcripts representing the equivalent of two years of their most recent studies.
2. **Written answer to essay question**, not to exceed two pages.

Both Essay and Personal Statement to be presented in 12 Pt. type, double-spaced with one-inch margins on all sides. *Application will be disqualified if guidelines are not followed.*

3. **A personal statement** in which you tell us about yourself and your future goals, not to exceed one page.
4. **Three letters of recommendation.** *Must be on letterhead containing address, phone number and title of person providing recommendation.*
  - ❖ One letter from a teacher or administrator at your school addressing your academic achievements and involvement.
  - ❖ One letter from a community leader which addresses your citizenship, community service, personal achievements and extra-curricular activities.
  - ❖ **For Field Level and Home Office:** **MANAGER RECOMMENDATION FORM** found on page 5 of this application completed by general manager/managing director/senior manager of theatre where employed.
  - ❖ **For Dependents and Spouses:** A letter of recommendation from your employer or if unemployed a listing of your volunteer activities including the name of the organization, contact name and phone.
5. **Verification letter** on *company letterhead* from corporate human resources, personnel or payroll director containing the following information:
  - ❖ **For Field Level Employees** • Applicant's name • original date of hire • number of hours worked by applicant from April 16, 2008 – April 15, 2009 • Certification of current employment of applicant or eligibility for rehire • Name, address, phone number and name of senior manager of theatre where employed • Signature of corporate human resources, personnel or payroll director.
  - ❖ **For Home Office Employees** verification of full-time, continuous employment for at least the last two years • Date of hire • Position in company • Percentage of job duties connected to theatre related matters
  - ❖ **For Spouses or Dependent Children** • Verification of current employment of applicant's spouse/parent, which includes verification of full-time, continuous employment for at least the last two years • Position in company of spouse/parent • Spouses'/Parents' date of hire • Percentage of spouses'/parent's job duties connected to theatre related matters.
6. **In addition For Spouses or Dependent Children** • A copy of the appropriate, official document that verifies marital/dependent status of applicant. Depending upon the status of the applicant it will be one of the following: (a) Marriage certificate (b) applicant's birth certificate (c) applicant's birth certificate and marriage license of the applicant's parent and spouse proving dependency of un-adopted step-children, or (d) a document from a placement agency that includes the applicant's name and the name, address, phone number of the authorized placement agency as proof of adoption or foster care.
7. **Official Letter of Acceptance** to a post-secondary or vocational institution for Fall, 2009 for all applicants who are not currently enrolled in a post-secondary or vocational institution. (Copy of Document is acceptable.)
8. **Registration document.** Scholarship winners must submit an official enrollment document for the Fall 2009 semester/quarter in a post-secondary or vocational institution prior to awarding of any scholarship funds. The document must include name of student and school. (Copy of Document is acceptable.)

**ALL DECISIONS BY THE SCHOLARSHIP COMMITTEE WILL BE FINAL.**



Please print or type.

**ALL APPLICANTS COMPLETE THIS SECTION:**

I am submitting this application as a:  Field Level Employee  Dependent Child  Home Office Employee  Spouse

Name of applicant: \_\_\_\_\_

Home address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company and Theatre name: \_\_\_\_\_ Theatre phone: \_\_\_\_\_

Theatre address: \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Are you currently?  A High School Senior  In College  Returning to School

Where do you intend to use this scholarship? (School name) \_\_\_\_\_

Where did you learn about this scholarship program? \_\_\_\_\_

Should I be awarded a NATO Scholarship, I authorize NATO of California/Nevada at its sole discretion to publish my name, essay, thank you note(s) and photograph(s) in its newsletters, on its web site, and in other media in connection with NATO of CA/NV or the NATO of CA/NV Scholarship Program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This section applies to Home Office applicant and/or Qualifying Employee for Spouse and Dependent applicants:***

Name of Employee: \_\_\_\_\_ Job title & Department Name: \_\_\_\_\_

Name and phone of Employee's Supervisor: \_\_\_\_\_

Description of duties as related to theatre operations: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Work address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Email: \_\_\_\_\_

By my signature below I acknowledge that Applicant is my spouse or legal dependent child and if Applicant is selected to receive a scholarship I may be required to provide a copy of my 2008 Income Tax Return as verification. I also authorize the HR Department of my company to verify the information provided by me on this application.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Enclosures Checklist:** (See page 3 of application)

- OFFICIAL TRANSCRIPT (representing period of January, 2007 through December, 2008)
- Two LETTERS OF RECOMMENDATION
- For Field Level and Home Office Employees MANAGER'S RECOMMENDATION FORM
- For Dependents and Spouses EMPLOYER'S LETTER OF RECOMMENDATION or volunteer activity list.
- For Field Level Employees VERIFICATION OF HOURS and Length of Employment
- For Home Office Employees and Spouses/Dependent Children VERIFICATION OF CURRENT EMPLOYMENT for Employee Applicant or Spouse/Parent of Dependent Applicant.
- For Spouses/Dependent Children COPY OF OFFICIAL DOCUMENT VERIFYING STATUS OF APPLICANT
- Two page answer to ESSAY QUESTION
- One page PERSONAL STATEMENT
- High School Seniors and returning students COPY OF OFFICIAL ACCEPTANCE LETTER for Fall, 2009

Application must be postmarked or delivered to the NATO of CA/NV office by April 24, 2009. Mail to:  
NATO of California/Nevada Scholarship Applications • 11661 SanVicente Boulevard, #830, Los Angeles, CA 90049  
Phone: 310/460-2900 Email: Office@NATOCaNev.org



National Association of Theatre Owners of California/Nevada

**2009 SCHOLARSHIP PROGRAM**

**MANAGER'S  
RECOMMENDATION FORM**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Theatre name and address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Employee's name: \_\_\_\_\_

How long have you known this employee? \_\_\_\_\_

Employee's hire date: \_\_\_\_\_ Would you rehire this employee? \_\_\_\_\_

What are this employee's strengths? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional comments you would like to add regarding this employee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manager signature: \_\_\_\_\_ Date: \_\_\_\_\_