

Full Name: \_\_\_\_\_  
(Please Type or Print on Top of All Pages)

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Today's Date: \_\_\_\_\_

I am currently a (circle one)

High School Student

College Student



## 2025 Mid-Atlantic NATO Scholarship Program APPLICATION

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### \* Checklist

1. FULLY Completed Application ( )
  2. Manager's Evaluation & Letter in Sealed Envelope ( )
  3. SAT scores (for high school students) ( )
  4. School Transcript including current GPA ( )
  5. Proof of Enrollment or Application for College ( )
  6. Typed & Signed Letter to Scholarship Committee ( )
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**\* Only Complete Applications with letter will be considered.**

*Please answer ALL questions and print or type your responses. Feel free to use back of pages if necessary to elaborate and/or provide complete answers.*

**Application DEADLINE is Wednesday, April 23, 2025.**

[www.midatlanticnato.com](http://www.midatlanticnato.com)

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

\*\*\*\*\*

PERSONAL

E-mail address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status (optional):

\_\_\_ Single      \_\_\_ Married/Partnered      \_\_\_ Divorced/Separated

Consider where you live the majority of the year and indicate below:

I live \_\_\_ with my parent(s) or guardian  
\_\_\_ with a spouse or significant other  
\_\_\_ on school campus  
\_\_\_ other: \_\_\_\_\_

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EMPLOYMENT

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

Theatre Manager's Name: \_\_\_\_\_

Theatre E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Your position at theatre: \_\_\_\_\_

How long have you worked at this theatre: \_\_\_ years \_\_\_ months

Note: Eligibility Requirements include a minimum of three (3) months of employment at a Mid-Atlantic NATO member theatre by the time of this application.

Experience at other theatres: \_\_\_\_\_

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FINANCIAL BACKGROUND

Parent 1

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Annual Household Income:

\_\_\_ Under \$15,000    \_\_\_ \$15,000-\$29,999    \_\_\_ \$30,000-\$49,999    \_\_\_ \$50,000-\$74,999  
\_\_\_ \$75,000-99,999    \_\_\_ \$100,000-149,999    \_\_\_ \$150,000-\$250,000    \_\_\_ Over \$250,000

Parent 2 or Spouse/Partner (if applicable)

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Annual Household Income:

\_\_\_ Under \$15,000    \_\_\_ \$15,000-\$29,999    \_\_\_ \$30,000-\$49,999    \_\_\_ \$50,000-\$74,999  
\_\_\_ \$75,000-99,999    \_\_\_ \$100,000-149,999    \_\_\_ \$150,000-\$250,000    \_\_\_ Over \$250,000

How many siblings do you have? \_\_\_ Brothers \_\_\_ Sisters

Are any brothers and/or sisters also attending college? \_\_\_

If so, how many? \_\_\_ (Provide details on the back of this page.)

Will you receive financial assistance for school from any other source? \_\_\_

If yes, please explain: \_\_\_\_\_

Do you expect to receive any other scholarships or grants? \_\_\_

If yes, please outline: \_\_\_\_\_

Are you or your family faced with any unusual financial burdens?

\_\_\_\_\_

How much income will you personally earn or receive this year, including employment, trust funds, social security benefits, welfare, etc.? \$ \_\_\_\_\_

Who will be paying your tuition? \_\_\_\_\_

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

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## EDUCATION

Name of Current School: \_\_\_\_\_

City, State: \_\_\_\_\_

List your School Activities:

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

List your Community Activities:

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

If you have already graduated from high school, what year? \_\_\_\_\_

Please verify with school records:

SAT/ACT scores: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Current Class Rank (for high school students): \_\_\_\_\_

*(attach any applicable supporting reports)*

Your intended College Major: \_\_\_\_\_

Your intended Career choice: \_\_\_\_\_

### **Letter to Scholarship Committee:**

On a separate sheet of paper please tell us about yourself and why you should be awarded a scholarship from Mid-Atlantic NATO. Include any information relevant to your choice of career or school, and any financial hardships if applicable.

Please include your signature on your letter.

\*\* Please ask the General Manager of your theatre to complete the following evaluation form, and write a letter to the committee as outlined. Your application must include this form and letter of reference to be considered.

To ensure the integrity and confidentiality of this process, General Manager's form must be signed, dated and secured in a sealed envelope.

If the applicant is the General Manager, please have your district supervisor complete the recommendation form.

<b>Mid-Atlantic NATO</b> <b>General Manager's Evaluation/Verification</b>
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Employee's Name: \_\_\_\_\_

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

Applicants Original Date of Hire: \_\_\_\_\_

Average Number of Hours worked by Applicant per week: \_\_\_\_\_

Please circle the number which most represents this employee:

	Lowest									Highest
Attendance	1	2	3	4	5	6	7	8	9	10
Punctuality	1	2	3	4	5	6	7	8	9	10
Courtesy	1	2	3	4	5	6	7	8	9	10
Leadership	1	2	3	4	5	6	7	8	9	10
Motivation	1	2	3	4	5	6	7	8	9	10
Reliability	1	2	3	4	5	6	7	8	9	10
Works well w/others	1	2	3	4	5	6	7	8	9	10

Awards presented: (Employee of the Month, Best Concession Sales, etc.)

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Comments:

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If they no longer worked for you, would you rehire this person? \_\_\_\_\_

<b>Please include a letter letting us know why you feel this employee deserves a scholarship from Mid-Atlantic NATO.</b>
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General Manager's Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

General Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* This form and your letter must be signed and secured in a sealed envelope to protect the integrity and confidentiality of all parties. If you wish to contact an officer of Mid Atlantic NATO directly, please visit our website at [MidAtlanticNATO.com](http://MidAtlanticNATO.com). Thank you.**

## **ELIGIBILITY**

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-Any person who will be attending a college or university for the fall semester of 2025, that is currently employed and has been for at least three (3) months by a dues paying Mid-Atlantic NATO Member motion picture theatre in Maryland, Virginia, or the District of Columbia.

## **APPLICATION PROCESS**

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-Complete the Application and mail to:

Mid-Atlantic NATO  
10807 Falls Road #1150  
Brooklandville, MD 21022-1150

-Original Applications **MUST** be received by **Wednesday, April 23, 2025;**  
Faxes and E-mails will not be accepted.

-As listed on the checklist, the following items must be included:

- The Application completely filled out
- Manager's Evaluation & Letter in sealed envelope
- SAT scores and current class rank (for high school students)
- School Transcript showing current Grade Point Average
- Proof of Enrollment or Application to accredited institution
- Typed Letter to Scholarship Committee with Applicant's Signature

## **ADDITIONAL INFORMATION**

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--A committee of Mid-Atlantic NATO Members and associates will choose the award recipients on the basis of financial need, theatre employment service, school record, and extracurricular activities. Applicants are encouraged to highlight these areas in their letter to the Scholarship Committee.

-Recipients will be notified after selection is made, but no later than **May 31, 2025.**

-Recipient must enroll in an accredited College, University, or Trade School for the Fall 2025 term and must meet all qualifications for the school of their choice.

-Winners must notify the Mid-Atlantic NATO Office by June 20, 2025 with proof of the accredited college they will be attending.