### LITTLE THEATRE OF OWATONNA VETA ALEXANDER SCHOLARSHIP APPLICATION

#### This application must be postmarked by Friday, March 29, 2024

#### Who Is Eligible?

. 1

Graduating Steele County high school students who have been accepted at an accredited two or four-year college and are to begin a full-time course of study. These students should exhibit experience and interest in the performing arts.

#### How Are Recipients Selected?

LTO Scholarship recipients are selected on the basis of academic record, community involvement, leadership experiences, school activities, and involvement in LTO and other theatrical productions.

Full Name:			(Middle Initial)
(Last)	(Fin	rst)	(Middle Initial)
Address:			
(Street)	(City)	(State)	(Zip Code)
Parent(s)/Guardian(s) Name	:		
	(Last)	(First)	
Cell Phone: ()	Email:	Home Pho	one: (
College or University to wh	ich you have been accepted:		
Name of High School attend	led:		
*Please complete the follow	ing sections-Attach addition	al sheet(s) if necessary.	
List involvement in theatre.		<u>464888777777777777777777777777777777777</u>	
<u>Play</u>	Area of Involvement		
		· · · ·	
··	····	• • • • • • • • • • • • • • • • • • •	
		· · · · · · · · · · · · · · · · · · ·	
	y of your educational/career		
Thease while a other summar	y or your educationalization	gouis.	
· · · · · · · · · · · · · · · · · · ·			
			······································

List all **non-theatre school activities** in which you have participated during the past four years (e.g., student government, music, sports, etc.). Provide a brief description if the activity's name is not self-explanatory. List all **community activities** in which you have participated without pay the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics, etc.). Indicate all special awards, honors, and/or offices held.

7 S 4

	Number of		
Extracurricular	Years	Special Awards,	Offices Held
<u>Activities</u>	Participated	<u>Honors</u>	Leadership Positions
ar - 191			
			· · · · · · · · · · · · · · · · · · ·
Community/Volunteer			07 101110 FR 100 00
Activities			
·····			
Describe your work exp	perience(s) during the past fou	r years (School and Summer	).
Company/Position		Dates I	Hours Per Week
· · · · · · · · · · · · · · · · · · ·			
Applicant ranks	(from top) in a class of	(number) GP	A
Rank based on first hal	f of High School Senior year.		
	Signature		
	o people you have asked to complet		
1.			
2. Mail Scholarshin A	Application and Recommendation Fo	orms to:	
Little Th	eatre of Owatonna		
P.O. Box	hip Committee Chairperson c 64 a, MN 55060	MUST BE POSTMARKE <u>FRIDAY, MARCH</u>	

## LITTLE THEATRE OF OWATONNA SCHOLARSHIP RECOMMENDATION FORM -two recommendations required-

Applicant: Please give this form to your principal, counselor, or community personnel who can document your academic ability, leadership qualities, and participation in school and/or community activities.

NOTE: THIS FORM MUST BE MAILED TO THE SCHOLARSHIP CHAIRPERSON (P.O. Box 64 Owatonna, MN 55060)

Student's Name\_\_\_\_\_

8 .

## THIS RECOMMENDATION MUST BE POSTMARKED BY FRIDAY, MARCH 29, 2024

You have been asked to provide information on the above-named student. Elaborate on academic ability, leadership qualities, and/or theatre contributions as you respond. Use the back as needed. Please respond to the following statements, providing details as useful:

	1 (excellent)	2 (good)	3 (average)	4 (fair)	5 (poor)
The quality of the applicant's contribution to the theatre and the arts community is	[]	[]	[]	[]	[]
The applicant's achievements reflect his/her ability.	[]	[]	[]	[]	[]
The quality of the applicant's commitment to school and community is	[]	[]	[]	[]	[]
The applicant's ability to set realistic and attainable goals is	[]	[]	[]	[]	[]
The applicant is able to seek, find, and use learning resources.	[]	[]	[]	[]	[]
The applicant demonstrates curiosity and initiative.	[]	[]	[]	[]	[]
The applicant demonstrates good problem-solving skills, follows through, and completes tasks.	[]	[]	[]	[]	[]
The applicant's respect for self and others is	[]	[]	[]	[]	[]
mments					
nature	Name (pl	ease print) _			
dress	Official Position				
y/State/Zip	Telephone Number ()				

## LITTLE THEATRE OF OWATONNA SCHOLARSHIP RECOMMENDATION FORM -two recommendations required-

Applicant: Please give this form to your principal, counselor, or community personnel who can document your academic ability, leadership qualities, and participation in school and/or community activities.

NOTE: THIS FORM MUST BE MAILED TO THE SCHOLARSHIP CHAIRPERSON (P.O. Box 64 Owatonna, MN 55060)

Student's Name\_\_\_\_\_

. . . .

2 4

# THIS RECOMMENDATION MUST BE POSTMARKED BY FRIDAY, MARCH 29, 2024

You have been asked to provide information on the above-named student. Elaborate on academic ability, leadership qualities, and/or theatre contributions as you respond. Use the back as needed. Please respond to the following statements, providing details as useful:

	1 (excellent)	2 (good)	3 (average)	4 (fair)	5 (poor)
The quality of the applicant's contribution to the theatre and the arts community is	[]	[]	[]	[]	[]
The applicant's achievements reflect his/her ability.	[]	[]	[]	[]	[]
The quality of the applicant's commitment to school and community is	[]	[]	[]	[]	[]
The applicant's ability to set realistic and attainable goals is	[]	[]	[]	[]	[]
The applicant is able to seek, find, and use learning resources.	[]	[]	[]	[]	[]
The applicant demonstrates curiosity and initiative.	[]	[]	[]	[]	[]
The applicant demonstrates good problem-solving skills, follows through, and completes tasks.	[]	[]	[]	[]	[]
The applicant's respect for self and others is	[]	[]	[]	[]	[]
nments	·				
nature	Name (p	lease print)			
lress	Official Position				
//State/Zip	Telephone Number ( )				