

LITTLE THEATRE OF OWATONNA
VETA ALEXANDER SCHOLARSHIP APPLICATION

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

Who Is Eligible?

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: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City) (State) (Zip Code)

Parent(s)/Guardian(s) Name: _____
(Last) (First)

Cell Phone: () _____ Email: _____ Home Phone: () _____

College or University to which you have been accepted: _____

Name of High School attended: _____

*Please complete the following sections-Attach additional sheet(s) if necessary.

List involvement in theatre. (LTO, high school, other):

Play Area of Involvement

Please write a brief summary of your educational/career goals:

[illegible]

Company/Position	Dates	Hours Per Week

High School Official's Signature _____ Date _____

**MUST BE POSTMARKED BY
FRIDAY, MARCH 29, 2024**

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 _____

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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant's achievements reflect his/her ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of the applicant's commitment to school and community is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant is able to seek, find, and use learning resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant demonstrates curiosity and initiative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant demonstrates good problem-solving skills, follows through, and completes tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant's respect for self and others is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Signature _____

Name (please print) _____

Address _____

Official Position _____

City/State/Zip _____

Telephone Number (____) _____

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