LITTLE THEATRE OF OWATONNA VETA ALEXANDER SCHOLARSHIP APPLICATION

This application must be postmarked by Friday, April 4, 2025

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.

Full Name:				
(Last)			(Middle Initia	
Address:				
(Street)	(City)	(State)	(Zip Code)	
Parent(s)/Guardian(s) Nam	ne:			
G 11 Pl	(Last) Email:	(First)		
Name of High School atter	hich you have been accepted: _ nded: wing sections-Attach additional			
Name of High School atter *Please complete the follor	nded: wing sections-Attach additional	sheet(s) if necessary.		
Name of High School atter *Please complete the followhile List involvement in theatre	nded: wing sections-Attach additional	sheet(s) if necessary.		
Name of High School atter *Please complete the followhile List involvement in theatre	wing sections-Attach additional c. (LTO, high school, other):	sheet(s) if necessary.		
Name of High School atter *Please complete the followhile List involvement in theatre	wing sections-Attach additional c. (LTO, high school, other):	sheet(s) if necessary.		
Name of High School atter *Please complete the followhile List involvement in theatre	wing sections-Attach additional c. (LTO, high school, other):	sheet(s) if necessary.		
Name of High School atter *Please complete the follower. List involvement in theatre Play	wing sections-Attach additional (LTO, high school, other): Area of Involvement	sheet(s) if necessary. Year/L		
Name of High School atter *Please complete the follower. List involvement in theatre Play	wing sections-Attach additional c. (LTO, high school, other):	sheet(s) if necessary. Year/L		

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.

Activity	Number of Years Participated	Special Awards, <u>Honors</u>	Offices Held Leadership Positions
Community/Volunteer	Activities		
Describe your work ex Company/Position	perience(s) during the past four you		Hours Per Week
Applicant ranksRank based on first hal	(from top) in a class of f of High School Senior year. Signature	(number) GP	
1. 2.	two people you have asked to compl		dation form.
Mail Scholarship	Application and Recommendation I	Forms to:	

Little Theatre of Owatonna Scholarship Committee Chairperson P.O. Box 64 Owatonna, MN 55060

MUST BE POSTMARKED BY FRIDAY, APRIL 4, 2025

<u>LITTLE THEATRE OF OWATONNA SCHOLARSHIP RECOMMENDATION FORM</u> -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.

You have been asked to provide informability, leadership qualities, and/or a Please respond to the following statements.	theatre contribu	tions as you	respond. Us	e the bac	ck as need
The quality of the applicant's contribution to the theatre and the arts community is	[]	[]	[]	[]	[]
The applicant's achievements to reflect his/her ability is	[]	[]	[]	[]	[]
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's ability to seek, find, and use learning resources is	[]	[]	[]	[]	[]
The applicant's demonstration of curiosity and initiative is	[]	[]	[]	[]	[]
The applicant's problem-solving skills, follow-through, and task completion are	[]	[]	[]	[]	[]
The applicant's respect for self and others is	[]	[]	[]	[]	[]
nents					

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.

You have been asked to provide inform ability, leadership qualities, and/or to Please respond to the following statements	heatre contribu	tions as you letails as use	ı respond. Us	e the bac	k as need
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	[]	[]	[]	[]	[]
ments					

Telephone Number (_____) ____

City/State/Zip _____