

**LITTLE THEATRE OF OWATONNA
VETA ALEXANDER SCHOLARSHIP APPLICATION**

This application must be postmarked by Friday, April 4, 2026

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):

<u>Play</u>	<u>Area of Involvement</u>	<u>Year/Location of Production</u>

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

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.

<u>Activity</u>	<u>Number of Years Participated</u>	<u>Special Awards, Honors</u>	<u>Offices Held Leadership Positions</u>

Community/Volunteer Activities

Describe your work experience(s) during the past four years (School and Summer).

Company/Position _____ Dates _____ Hours Per Week _____

Applicant ranks _____ (from top) in a class of _____ (number) GPA _____
Rank based on first half of High School Senior year.

Rank based on first half of High School Senior year. _____ Date _____

Please give the names of two people you have asked to complete the attached recommendation form.

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Mail Scholarship Application and Recommendation Forms to:

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

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FRIDAY, APRIL 4, 2026**

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"/>				
The applicant's achievements to reflect his/her ability is	<input type="checkbox"/>				
The quality of the applicant's commitment to school and community is	<input type="checkbox"/>				
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/>				
The applicant's ability to seek, find, and use learning resources is	<input type="checkbox"/>				
The applicant's demonstration of curiosity and initiative is	<input type="checkbox"/>				
The applicant's problem-solving skills, follow-through, and task completion are	<input type="checkbox"/>				
The applicant's respect for self and others is	<input type="checkbox"/>				

Comments _____

Signature _____ Name (please print) _____

Address _____ Official Position _____

City/State/Zip _____ Telephone Number (____) _____

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

Comments _____

Signature _____

Name (please print) _____

Address _____

Official Position _____

City/State/Zip _____

Telephone Number (_____) _____