

LITTLE THEATRE OF OWATONNA
SCHOLARSHIP APPLICATION

This application must be postmarked by Friday, April 3, 2020

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 quality, school activities, and involvement in LTO and other theatre 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 sheets if necessary.

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

<u>Play</u>	<u>Area of Involvement</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.). 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 offices held.

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

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

<u>Company/Position</u>	<u>Dates</u>	<u>Hours Per Week</u>

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

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

The recommendation forms SHOULD be mailed directly to the Chairperson of the Scholarship Committee.

- 1.

- 2.

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 3, 2020**

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. **Speak to 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	[]	[]	[]	[]	[]

Comments _____

Signature _____ Name (please print) _____

Address _____ Official Position _____

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

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The applicant is able to seek, find, and use learning resources.	[]	[]	[]	[]	[]
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Comments _____

Signature _____

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