SHS Theatre Booster Club Scholarship Cover Letter

Applications must be turned in by April 7, 2025.

Turn in application to the Mrs. Garcia's office or scan to tgarcia@seminoleisd.net

Scholarship amounts and number of winners vary each year.

Eligibility:

- Available to any SHS senior involved in theatre.
- Must have participated in high school theatre for a minimum of three years.
- Must have a minimum of a 3.0 grade point average.

<u>To Student:</u> Please check that all items listed below are enclosed in an envelope and the student's name is on each item submitted.

Application
Personal Narrative
Personal Recommendation

Application

**Recommendation letters must be in a sealed envelope with the name of the applicant on the front and the signature of the author across the back seal. The letter must be from an adult who is not related to the applicant (teacher, coach, boss, etc.)

Applicants will be reviewed and the winner or winners chosen by members of the Theatre Boosters with input from the theatre directors. Scholarships will be announced at the year-end high school awards assembly.

SHS THEATRE BOOSTER CLUB SCHOLARSHIP APPLICATION

Name		
Address		
Father	Occupation	
Mother	Occupation	
GPA Class Ranking of		
College, 1st Choice	_ 2nd Choice	
Have you applied for admission to either choice?Been accepted?		
Possible major/minor		
Do you plan to be in a theatre group following high school?		
Number of dependent children in the family (including yourself)		
Who will be responsible for financing our education?		
Other scholarships received or applied for:		

SHS THEATRE BOOSTER CLUB SCHOLARSHIP APPLICATION

Shows, contests, and honors for theatre received while in SHS:		
Freshman:		
_		
Sophomore:		
Junior:		
Senior:		

SHS Theatre Booster Club Scholarship Application

of SHS:		
In your own handwriting, on another she	et of paper, explain why you are applying for this	
scholarship. Include what you have learned from	n your high school theatre experience and how	
those experiences have helped you as a persor	n. Please include your plans for the future	
(post-college).		
I agree to permit the review of this application a	nd my school records by anyone representing	
the SHS Theatre Booster Club. I hereby certify	that all the information I have provided here is	
true and correct. I also understand that, in the e	vent that I am given this scholarship, any false	
or misleading statements made herein shall be	grounds for forfeiture of this scholarship.	
Signature of Applicant	Signature of Parent/Guardian	