



**STUDIO VII THEATRE CO.**  
**SCHOLARSHIP APPLICATION ELIGIBILITY VERIFICATION**  
**(SAEV Form)**  
**THOM WHITBECK MEMORIAL SCHOLARSHIPS**

**DEADLINE FOR ELIGIBILITY VERIFICATION: FRIDAY, MARCH 3, 2023 BY 3:00PM.**

**SCHOLARSHIP ELIGIBILITY INFORMATION**

Please turn in this form to your director by **FRIDAY, March 3, 2023 no later than 3:00 pm.** Mr. Heerssen will forward your application to your counselor and the Booster Club on your behalf. Your eligibility will be confirmed on or before March 24, 2023.

**Applicant Name:**

**Phone:**

**Email:**

**TROUPE DIRECTOR'S OFFICE USE ONLY:**

Please verify by initialing and completing the following:

The applicant has less than 8 demerits and is enrolled in a class this year? ☐ YES ☐ NO \_\_\_\_\_  
*Director's initials*

The applicant has or will have accumulated 60 Thespian points by the end of the current school year.  
☐ YES ☐ NO

Minimum of three years of active Theatre Company Membership: ☐ YES ☐ NO

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**COUNSELOR'S OFFICE USE ONLY:**

Please verify by initialing the following:

The applicant has a GPA of 3.0 or higher. ☐ YES ☐ NO \_\_\_\_\_  
*Counselor's initials*

The applicant has an exemplary discipline record: ☐ YES ☐ NO \_\_\_\_\_  
*Counselor's initials*

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**STUDIO VII BOOSTER CLUB USE ONLY:**

Please verify the Membership eligibility of the applicant and their parents:

Current Booster Club member: ☐ YES ☐ NO

\_\_\_\_\_  
Signature of Booster Club President

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date