

STUDIO VII THEATRE CO.

SCHOLARSHIP APPLICATION ELIGIBILITY VERIFICATION (SAEV Form) THOM WHITBECK MEMORIAL SCHOLARSHIPS

DEADLINE FOR ELIGIBILITY VERIFICATION: FRIDAY, MARCH 1, 2024 BY 3:00PM.

SCHOLARSHIP ELIGIBILITY INFORMATION

Please turn in this form to your director by FRIDAY, March 1, 2024 no later than 3:00 pm. Mr. Oliver will forward your application to your counselor and the Booster Club on your behalf. Your eligibility will be

confirmed on or before March 22, 2024.			
Applicant Name:	Phone:	Email:	
TROUPE DIRECTOR'S OFFICE USE ONLY:			
Please verify by initialing and completing the fol	llowing:		
The applicant has less than 8 demerits and has a	attended at least 4 mee	tings their senior year?	
The applicant has less than 8 dements and has a	attenueu at least 4 mee	tiligs tileli sellioi year.	
			Director's initials
The applicant has or will have accumulated 60 T	hespian points by the e	end of the current school	year.
□ YES □ NO			
Minimum of three years of active Theatre Comp	aany Mamharshin	□ YES	□ NO
Willimum of timee years of active fricance comp	dily Membership.	LI ILJ	
5111			
Signature of Director Printed N	lame	Date	
Counselor's office Use Only:			
Please verify by initialing the following:			
rease term, a, maranig me			
The applicant has a GPA of 3.0 or higher.	□ YES □ NO		
		Counselor's initial	s
	NO		
The applicant has an exemplary discipline record	d: □ YES □ NO	Companya initia	
		Counselor's initial	S
Signature of Counselor Printed	Name	Date	
STUDIO VII BOOSTER CLUB USE ONLY:	l'		
Please verify the Membership eligibility of the a Current Booster Club member:	pplicant and their parei		- NO
Current Booster Club member.		□ YES	□ NO
Signature of Booster Club President Printed	Name	Date	