

*Herb Sprowls Conference Grant*  
Ohio Educational Theatre Association

Herb Sprowls, having been a Thespian since he was in high school, continued to contribute to the art of theatre, first as the conference registrar's assistant, and later offering his services as the official chauffeur, driving many a workshop presenter and conference guest to the airport. He was posthumously inducted into the Ohio EdTA Hall of Fame in 2002. In recognition of his years of service to Ohio Thespians, the Ohio EdTA Board created a grant for selected students in his memory. This grant is Herb's legacy to Ohio's theatre students.

*Each grant recipient will receive:*

- Ohio State Thespian Conference registration fees
- Individual Events registration (if registered)
- Shuttle bus service (if registered)
- Hotel charges, not to exceed \$50.00, as verified by the Thespian's Troupe Director

**ALL OTHER EXPENSES INCURRED DURING THE TRIP  
MUST BE PAID FOR BY THE RECIPIENT.**

*To apply for the grant the student must:*

- Complete the personal data form, and have his/her official Troupe Director and parent/guardian sign it,
- Complete a brief résumé emphasizing contributions to his/her theatre department and thespian troupe,
- Have his/her official Troupe Director complete the director recommendation form,
- Provide Guidance Counselor or administrator verification of need for and worthiness of the grant,
- Using the student essay form, write in no more than 300 words, single-spaced, why you want to attend the Ohio Thespian Conference and how this grant could help you achieve your goals,
- Send all of the above to Gigi Morelli, 5208 Garand Drive, Westerville, OH 43081

*Selection of recipients:*

- Grants will be awarded to up to four Thespians based on theatrical contributions to OEdTA, school, and community, and based on financial need.
- A committee made up of two adult OEdTA Board members will judge all of the applications submitted.

**JANUARY 17**

**Last Day to postmark application**

**LATE JANUARY**

**Grant recipients notified**

**JANUARY 31**

**Recipient will follow registration guidelines to register for conference by the early bird deadline**

**MARCH 27 - 29**

**Attend the Ohio Thespian Conference**

*Personal Data Form – Herb Sprowls Conference Grant*

Student's name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_ Graduation Year \_\_\_\_\_

High School \_\_\_\_\_ Principal \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

School Phone \_\_\_\_\_ Year Inducted into Thespians \_\_\_\_\_

Troupe Number \_\_\_\_\_ Troupe Director \_\_\_\_\_

Troupe Director Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Chaperone at State Conference \_\_\_\_\_

*By signing this form, I support my child in pursuit of this grant and give permission for discussion of financial information used within this application.*

*Parent/Guardian Signature* \_\_\_\_\_ *date* \_\_\_\_\_

*By signing this form, I support my student in pursuit of this grant.*

*Troupe Director's Signature* \_\_\_\_\_ *date* \_\_\_\_\_

***Application Deadline: Postmarked by January 17, 2020***

***Mail to: Gigi Morelli, 5208 Garand Drive, Westerville, OH 43081***

***All information in this application will be held in strict confidence by the Association and will only be copied and distributed to members of the judging committee.***

## TROUPE DIRECTOR RECOMMENDATION

\_\_\_\_\_ is applying for the Herb Sprowls Conference Grant. You are requested to write a recommendation using the space below. Please evaluate the contribution this student has made to your high school theatre program. Also discuss the financial need this student has in coming to Conference. Please print in black ink or type.

I verify that this student is a current, active Thespian member of Troupe # \_\_\_\_\_. By signing below I verify that all information given in this recommendation is valid and truthful.

Director's Signature \_\_\_\_\_ date \_\_\_\_\_

**ADMINISTRATOR/GUIDANCE COUNSELOR RECOMMENDATION**

\_\_\_\_\_ is applying for the Herb Sprowls Conference Grant. You are requested to write a recommendation using the space below. Please comment on the student's character and worthiness for the grant. Also please comment briefly on any knowledge you have regarding the student's financial need. Please print in black ink or type.

Administrator/Counselor Signature \_\_\_\_\_ date \_\_\_\_\_

## STUDENT ESSAY

Write a one-page (300 words or less) essay on why you want to attend the Ohio Thespian Conference and how this financial grant could help you achieve your goals. Be sure to include information as to your financial need. Please print in black ink or type.

I am an active member of my Thespian Troupe, and this essay is an accurate statement of my financial need and reasons for applying for the Herb Sprowls Conference Grant.

Student Signature \_\_\_\_\_ date \_\_\_\_\_