

**CALIFORNIA STATE THESPIAN BOARD
STUDENT OFFICER APPLICATION**
TYPE OR PRINT LEGIBLY IN BLACK INK
MAIL SEPARATELY

APPLICANT'S NAME _____ CLASS OF _____ TROUPE # _____
ADDRESS _____ HOME PHONE _____
CITY _____, CA ZIP _____ E-MAIL _____
HIGH SCHOOL _____ SCHOOL ADDRESS _____
CITY _____, CA ZIP _____ SCHOOL FAX _____
TROUPE DIRECTOR'S NAME _____ PRINCIPAL'S NAME _____
DIRECTOR'S HOME ADDRESS _____ CITY _____, CA ZIP _____
E-MAIL _____ HOME PHONE _____
THESPIAN LEADERSHIP CONFERENCE(S) ATTENDED AND DATES: _____

I have read and understand the criteria for election of students to the California State Thespian Board. _____
Furthermore, I understand that I can be disqualified from running or later removed from office for failure to
meet required obligations or for lack of troupe support.

STUDENT'S SIGNATURE DATE

TROUPE DIRECTOR: I approve the nomination of this student for the above office and verify that this
Thespian is a member in good standing with the International Thespian Society, and **I agree to attend all
meetings and activities with this student and serve on the California State Board.**

TROUPE DIRECTOR'S SIGNATURE DATE

PARENT OR GUARDIAN: I approve of and support my son/daughter running for the above office and
understand the obligations involved. I realize that I may occasionally need to provide transportation to
meetings and/or events.

SIGNATURE OF PARENT/GUARDIAN DATE

SCHOOL COUNSELOR: I verify that this student has a cumulative GPA of 2.5 or greater. _____

COUNSELOR'S SIGNATURE DATE

**Mail the California State Thespian Board Student Officer Application, letter of recommendation,
essay, text of speech, and photo
ON or BEFORE February 1st to
Krista Carson Elhai
California State Thespian Director
242 Eagle Grove
Claremont, CA 91711**