

**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 December 31st to
Krista Carson Elhai
California State Thespian Director
242 Eagle Grove
Claremont, CA 91711**