

**LAKELAND PLAYERS SCHOLARSHIP FORM
(BASED ON FINANCIAL NEED)
FOR THEATRE ARTS CAMP 2017 (Aug 18 – Aug 21)**



NAME OF CAMPER _____ **AGE** _____

DATE OF BIRTH _____ **SCHOOL GRADE IN FALL OF 2017** _____

NAME OF PARENTS/GUARDIANS _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE _____ **WORK PHONE** _____

CELL PHONE _____ **EMAIL** _____

COMPLETE THE FOLLOWING STATEMENT AND MAIL TO BONNIE SWOPE, 1210 SHENANDOAH, CLAWSON, MI 49017 BY MAY 1, 2017. YOUR SCHOLARSHIP FORM *MUST* BE RECEIVED BY MAY 1, 2017, SO MAKE SURE YOU MAIL IT IN PLENTY OF TIME. ANY SCHOLARSHIP FORMS RECEIVED AFTER MAY 1, 2017 WILL *NOT* BE ACCEPTED. THIS CAMP SCHOLARSHIP IS AVAILABLE FOR LAKELAND PLAYERS MEMBERS ONLY. (USE THE BACK OF THIS FORM AND EXTRA SHEETS, IF NEEDED.)

I FEEL MY CHILD QUALIFIES FOR THE 2017 LAKELAND PLAYERS THEATRE ARTS CAMP SCHOLARSHIP BASED ON FINANCIAL NEED BECAUSE: