

**LAKELAND PLAYERS SCHOLARSHIP FORM
(BASED ON MERIT)
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** _____

CAMPER SHOULD WRITE BELOW (USE THE BACK OF THIS FORM AND EXTRA SHEETS, IF NECESSARY) AND DISCUSS ONE (YOUR CHOICE) OF THE FOLLOWING STATEMENTS. MAIL TO BONNIE SWOPE, 1210 SHENANDOAH, CLAWSON, MI 48017. I MUST RECEIVE YOUR APPLICATION BY MAY 1, 2017, SO MAKE SURE YOU MAIL IT IN PLENTY OF TIME. ANY APPLICATIONS RECEIVED AFTER MAY 1, 2017 WILL NOT BE ACCEPTED. THIS CAMP SCHOLARSHIP IS AVAILABLE FOR LAKELAND PLAYERS' MEMBERS ONLY.

**THEATRE ARTS CAMP IS IMPORTANT TO ME PERSONALLY
BECAUSE:**

OR

**THEATRE ARTS CAMP WILL HELP ME TO GROW IN THE
FOLLOWING WAYS:**