**LAKELAND PLAYERS SCHOLARSHIP FORM**

**(BASED ON MERIT)**

**FOR THEATRE ARTS CAMP 2014 (Aug. 8-11)**

**NAME OF CAMPER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SCHOOL GRADE IN FALL OF 2013\_\_\_\_\_\_\_\_**

**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 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 31, 2014, SO MAKE SURE YOU MAIL IT IN PLENTY OF TIME. ANY APPLICATIONS RECEIVED AFTER MAY 31, 2014 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:**