**LAKELAND PLAYERS SCHOLARSHIP FORM**

**(BASED ON FINANCIAL NEED)**

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMPLETE THE FOLLOWING STATEMENT AND MAIL TO BONNIE SWOPE, 1210 SHENANDOAH, CLAWSON, MI 49017 BY MAY 31, 2014. YOUR SCHOLARSHIP FORM *MUST* BE RECEIVED BY MAY 31, 2014, SO MAKE SURE YOU MAIL IT IN PLENTY OF TIME. ANY SCHOLARSHIP FORMS RECEIVED AFTER MAY 1, 2013 WILL *NOT* BE ACCEPTED. THIS CAMP SCHOLARSHIP IS AVAILABLE FOR LAKELAND PLAYERS MEMBERS ONLY.**

**I FEEL MY CHILD QUALIFIES FOR THE 2014 LAKELAND PLAYERS THEATRE ARTS CAMP SCHOLARSHIP BASED ON FINANCIAL NEED BECAUSE:**