Scholarship Request Form

Please fill out the form below for each student and return to:

Lakeshore Players Theatre
4820 Stewart Avenue
White Bear Lake, MN 55110

For more information, call (651) 426-3275 or email aaron@lakeshoreplayers.org

Name of Parent or Guardian (please print) _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Alternate Phone (_____) _____ - _____

Full Name of Student (please print) _____

Age of Student _____

Student Address (if different from above) _____

Student Phone Number (if different from above) (_____) _____ - _____

Camp or class you are applying for a scholarship for _____

Amount Parent/Guardian can contribute to the class _____
(Must be at least 50% of enrollment fee)

Below, please write a brief account of why you would like a scholarship from Lakeshore Players Theatre.

_____

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_____

For LPT Staff Only

Scholarship granted for _____ in the amount of _____.

_____ _____
Today's Date Class Session

_____ _____
Signature Title