



Lake City Playhouse

SCHOLARSHIP APPLICATION FORM

Workshop/Camp Course# _____

(Form must be completed for each course individually)

Please print the following information:

Child's Name: _____ Age: _____

Parents/Guardians Name: _____

Address: _____

Phone: _____ E-Mail: _____

Referred by: _____

HELP OUR SCHOLARSHIP FUND REACH MORE STUDENTS! Please pay whatever portion of the class you are able; we will consider the remaining balance for scholarship.

I can pay \$ _____ toward this class. Please submit the balance for scholarship.

By signing below, I verify that, due to income limitations, this child would not be able to attend this workshop without a scholarship.

Parent/Guardian Signature

Date

Please return the completed form to the Lake City Playhouse Box Office, 1320 E Garden Ave., Coeur d'Alene, ID 83814. If you have any questions, please feel free to give me a call at 208-667-1323.