



Scholarship Request Form

*Please fill out the form below and return to
Lakeshore Players Theatre
4820 Stewart Avenue
White Bear Lake MN 55110
For more information: CALL (651) 429-5674.*

Name of Parent or Guardian (please print) _____

Address _____ ZIP _____

Home Phone _____ Alternate Phone _____

Name of Student(s) (please print) _____

Name of Class _____ Day and Time _____

Age of Student(s) _____ **Full Tuition Due** _____

Student(s) Address {If different from above} _____

Student(s) Phone number {If different from above} _____

Amount the 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.

For LPT Staff Only

Scholarship granted for: _____ in the amount of _____

Today's Date

Class Session

Signature

Title