

**Pierre Players Scholarship**

Name: School District:

Date of Birth: Phone Number:

Parent’s/Guardian’s Name:

Address: \_\_\_\_\_\_

Email Address:

Name of Camp/College:

\*If Camp, what is the total amount: \_\_\_\_\_\_

Pierre Players and/or Little Players Involvement:

Other theatre involvement:

How has the fine arts impacted your life? \_\_\_\_\_\_\_



Pierre Players Community Theatre | 605.224.7826

P.O. Box 933 | 109 S. Pierre St | Pierre, SD 57501

www.Pierreplayers.com

**Please mail your applications to the PO Box above or e-mail to** **littleplayers605@gmail.com**