

Possum Point Players

Possum Point Players 2024 Summer Camp Scholarship Request

Student Name: _____ Age: _____

Parent/Guardian: _____

Phone Contact: _____

Email: _____

Please tell us how your life has been positively impacted by theatre and/or performing arts:

Please share a brief explanation of why you are requesting this financial assistance:

Scholarship Agreement:

If chosen, I understand that we are committing to the entire week of camp and will adhere to all expectations laid forth in the camp registration and welcome letter. I also permit Possum Point Players to utilize the application materials to raise funds for additional scholarships and grants.

Parent/guardian signature: _____ Date: _____

Campers signature: _____ Date: _____