

KJK

Productions

PO Box 827
Jefferson Valley, New York 10535
(914) 962-6665
Fax # (914) 243-2329

APPLICATION FOR KJK SUMMER THEATRE CAMP SCHOLARSHIP

Camper's Name: _____ Camper's Age: _____

Parent/Guardian Name: _____

Address: _____

City/St/Zip: _____

Home Phone: _____ Work Phone: _____

Parent E-mail: _____ Camper E-mail: _____

Please check which session(s) your child would like to attend:

Junior A Junior B Junior C Teen A Teen B

Previous KJK Theatre Camp shows (if any): _____

Please briefly explain why you think your child would be a good candidate for this scholarship:

Parent or Guardian's Signature: _____ Date: _____

APPLICATIONS FOR SCHOLARSHIPS ARE DUE BY April 30th, 2012.