



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

Date Received: _____

Approved Y N

Amount: _____

Date check sent: _____