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Kids Summer Acting Camp 2010

SCHOLARSHIP APPLICATION

(Child's Last Name) (Child's Middle Name) (Child's First Name)

(Street Address) (City) (St) (Zip Code)

(Home Phone) (Mobile/Cell Phone) (Additional/Other Contact Phone)

(Child's E-mail Address) (Parent/Guardian's E-mail Address/s)

(Parent/Guardian Name/s) (Parent/Guardian's Contact/Emergency Contact Phone Numbers)

Please Select/Circle Which Camp Child Is Requesting Scholarship For:

K – 5th Grade (July 12th – 16th)

OR

6th – 11th Grade (July 19th – 30th)

Please Describe/Explain Need For Scholarship (In Space Provided) :

*** Please Return Completed Form Via E-mail, Regular Mail, Fax, or Drop-Off ***