

MAXINKUCKEE PLAYERS SCHOLARSHIP

All graduating High School Seniors are eligible to apply for a scholarship.

NAME _____ Phone Number _____
(Last) (First) (Middle)

ADDRESS _____ Date of Birth _____
(City, State, Zip)

PARENTS NAME _____

College I plan to attend _____

College Major _____

Are you interested in music or theatre? Explain:

Have you been involved in the Maxinkuckee Players? Explain:

Preferences will be given to those who have been active with the Maxinkuckee Players.

Please return this form by May 1st to:

Maxinkuckee Players
P.O. Box 45
Culver, IN 46511

SIGNED _____

DATE _____