



MAXINKUCKEE PLAYERS SCHOLARSHIP

All graduating high school seniors are eligible to apply for a scholarship.

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street Address) (City) (State)

PHONE NUMBER _____ DATE OF BIRTH _____

PARENT(S) NAME(S) _____

COLLEGE I PLAN TO ATTEND _____

COLLEGE MAJOR _____

Are you interested in music or theater? Explain:

Have you been involved in the Maxinkuckee Players? Explain:

**Preference 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 _____