



**Kerr Arts & Cultural Center Summer Youth Art Program
Student Scholarship Application**

Student Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Parent/Guardian E-Mail: _____

Signature _____

Brief comments regarding scholarship request:

Please turn in this form to KACC at 228 Earl Garrett Street or mail to PO Box 293634, Kerrville, TX 78029 along with Summer Youth Art Registration Form indicating session & class selections.

You will be contacted by KACC staff upon receipt of this form to finalize course schedule.