



**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.