



H-E-B TOURNAMENT  
OF CHAMPIONS

## SCHOLARSHIP APPLICATION

Kerr Arts & Cultural Center needs the following information to effectively administer scholarship funds. **All information is kept confidential!** You will be contacted by KACC staff upon receipt of this form.

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

Please state your scholarship request:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date