KLEBERG-KENEDY COUNTY LIVESTOCK SHOW
CONCERT SCHOLARSHIP APPLICATION FORM

Personal Information

Applicant's Name:_____Soc. Sec. # _____

Address:_____

Email Address: _____

Father's Name:_____Cell #: _____

Mother's Name:_____Cell #: _____

1. Name of High School Attended: _____

2. **Projects Shown: List year and all projects shown for that year. A minimum of four (4) Years MUST be listed to qualify for this scholarship. ***

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Applicant's Signature:_____Date:_____

You may complete this information on additional paper or on the back of this sheet if necessary

Approved by the Board: October 11, 2013
Revised January 25, 2018