CLOVIS COMMUNITY COLLEGE

Kids' College 2019 Scholarship Program Application

Name (Last, First, Middle)	Name of Parent or Guardian	
Mailing Address/Street or P.O. Box	City/State	Zip
Best Phone (Cell/Work/Home)	Alternative Phone (Cell/Work/Home)	
Email Address If an e-mail address is listed it will e	xpedite notification	
I. List any courses you would like to take an	nd tell us why.	
OR 2. Tell us about a course you would like to s	see offered in the future.	

Mail, E-mail or fax completed form to:

Al Potthoff

Clovis Community College Business & Non-Credit Training 417 Schepps Blvd, Clovis, NM 88101 Phone: (575) 769-4760

Fax: (575) 769-4190

http://www.clovis.edu/noncredit