CLOVIS COMMUNITY COLLEGE

Kids' College 2024 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 | expedite notification | |
| Please list courses you would like t avorite, please point out which it is | | If you have a |
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 $\it E-mail$ the completed scholarship application along with the registration form to Perla Herrera at Herrerap@clovis.edu

Kids' College

Clovis Community College 417 Schepps Blvd, Clovis, NM 88101

Phone: (575) 769-4111