

Art Scholarship Application Form

Name _____

Parent/Guardian Name(s) _____

Address _____

City _____

State/zip _____

Date of Birth _____

School _____

Grade you will be entering _____

Daytime phone _____ Evening phone _____

E-mail _____

Briefly explain why you need to have a scholarship to participate.

Applications must be **postmarked by May 1st:**

Please send to

Kids Of Our Lacombe

PO Box 1985

Lacombe, La. 70445

They can also be delivered to the Bayou Lacombe Art Center by the due date.

Questions? You are encouraged to e-mail your questions to:
jmslacombe@charter.net or call 882.3752 or leave a message at 882-4836.