

KAB – APPLICATION

KAB-E

Name of Student(s): _____

Name of the Event: _____

Date of the Event: _____

Number of school days missed: _____

Place of the Event: _____

Number of sponsors attending: _____

Projected total cost of the event: _____

Explain briefly of what student(s) had to do prior to having the opportunity to compete in the above event: _____

Signature of Sponsor: _____ Date: _____

*If money is awarded, students will be expected to write a brief summary highlighting what they learned from the event.

Total amount approved for student(s) \$ _____

Total amount approved for sponsor \$ _____

By _____ Date _____

APPROVED 7/19/06

Revised: 6/18/2012 / *Exhibit was DELETED: 5/20/2013*

Re-Adopted: 8/17/2015