



**CLASS SCHOLARSHIP REQUEST**

Sioux City Art Center  
225 Nebraska Street  
Sioux City, IA 51101  
Telephone 712.279.6272 ext.201 Fax 712.255.2921



DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ AGE (if minor): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

(CELL) \_\_\_\_\_

EMAIL: \_\_\_\_\_

REQUEST FOR CLASS:

Winter Term:      Spring Term:      Summer Term:      Fall Term:

CLASS TITLE: \_\_\_\_\_ COURSE #: \_\_\_\_\_

SESSION: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**YOUR (OR YOUR STUDENT'S) ARTISTIC BACKGROUND, STRENGTHS &  
INTERESTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please email completed form to: [dmarqusee@sioux-city.org](mailto:dmarqusee@sioux-city.org)