

**SIOUX CITY ART CENTER
CLASS SCHOLARSHIP REQUEST
Sioux City Art Center's Gilchrist Learning Center
220 Pierce Street
Sioux City IA 51101
Telephone 712- 279-6580 Fax 712-255-2921**

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Date _____

Student's name _____ **Age** _____ **Date of Birth** _____

Parent/Guardian Name _____

Address _____

City _____ **State** _____ **Zip** _____

E-mail Address _____

Daytime Phone # (indicate home or work) _____

Request for class:

Winter Term ___ **Spring Term** ___ **Summer Term** ___ **Fall Term** ___

Class Title _____ **Session** _____ **Dates** _____

In the space below please explain your need for requesting scholarship funds. In addition, please list your (or your child's) artistic background, strengths & interest.

Please email completed form to: dmarqusee@sioux-city.org