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

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.

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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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