

SIoux CITY ART CENTER
2022 ART CAMP SCHOLARSHIP REQUEST
Telephone 712-279-6580
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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) _____

1. Explain your need for requesting scholarship funds.

2. List your child's artistic background, strengths & interest.

3. Provide a note of recommendation from your child's teacher.

Choose preferred Art Camp session:

- **Camp 1 (June 7-16):** **AM (9am-noon)** ___ **or PM (1-4pm)** ___
- **Camp 2 (June 21-30):** **AM (9am-noon)** ___ **or PM (1-4pm)** ___
- **Camp 3 (July 12-21):** **AM (9am-noon)** ___ **or PM (1-4pm)** ___
- **Camp 4 (July 26-August 4):** **AM (9am-noon)** ___ **or PM (1-4pm)** ___
- **Camp 5 (August 9-18):** **AM (9am-noon)** ___ **or PM (1-4pm)** ___

** Please note: Art Camp classes take place on Tuesdays, Wednesdays, and Thursdays only.*

*** Email completed form to: dmarqusee@sioux-city.org**