

**DOROTHY PECAUT NATURE CENTER  
Scholarship Application**

⇒ Scholarships are based on need and funds available. Completion of this form does not guarantee funding. Applications will not be processed if any category is left blank.

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Agency/School/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Desired Program Date/Type of Program Desired: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Number of Students for which you are requesting a scholarship: \_\_\_\_\_

Briefly indicate the reasons why you would like to receive a scholarship to cover the expenses of a field trip or program at the Dorothy Pecaut Nature Center. You may use the back of this sheet if necessary.

---

---

---

---

---

---

---

---

**Demographic Information**

Complete the following by indicating the number of students who are in each of the following demographic groups:

|                |                       |  |
|----------------|-----------------------|--|
| _____ Asian    | _____ Native American | _____ Female                                       |
| _____ White    | _____ Black           | _____ Male   |
| _____ Hispanic | _____ Other           | _____ Person with mental<br>or physical disability |

-----  
**For Office Use Only**

\_\_\_\_\_ Approved      Date: \_\_\_\_\_      Approved By: \_\_\_\_\_

Please return at least two weeks prior to program date in order to assure scholarship availability.

**Return to: Dorothy Pecaut Nature Center, 4500 Sioux River Road, Sioux City, IA 51109  
Fax: 712-258-1261      Phone: 712-258-0838**