

**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 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**