Application for
SECA Bill Hamilton Memorial Scholarship Fund

Name: _______________________________ Clown: ___________________________

Address: ____________________________ City: ___________ State_________

Email: _______________________________ Zip: __________________________

Phone: (______)______________________ Age: _____ Sex: Male / Female (Circle One)

How long have you been clowning?

Marital Status: Single / Married / Divorced / Widowed # people attending convention with you: _____

You MUST include one letter of reference with this application

{You may answer these questions on a separate piece of paper.)

1. In 50 words or LESS, tell why you want this scholarship.
2. How do you plan to use the knowledge gained to further your clowning skills; and how do you plan to share it in your community, in your alley?
3. List any workshops, conventions, or other clown activities in which you have participated.
4. Have you ever received a SECA Memorial Scholarship or any other scholarship? If so, which one and when?
5. Would you be able to attend this convention if you do not receive a scholarship?

Applicant’s Signature___________________________ Date_________________________

Please include a color photo of yourself in costume. Photos will not be returned.

Return application, letter of reference, and photo to:

Bob Gretton
PO Box 787
Waldorf, Maryland
20604
bunkytclown@comcast.net

Applications MUST be postmarked on or before August 1.
Applicants MUST be 2016 SECA members to be eligible.

SECA Board Members and convention host alley members are not eligible to participate.
If you are 17 years old or younger, you must be accompanied by an adult.

This scholarship is limited to only the 2016 SECA Convention.

Revised 2013