

Bill Hamilton SECA Scholarship

Please complete information below

Please note that the name and title you give here will be printed on your badge and the participants' list.

Date:

Have you already registered? Yes / NO

1. Participants information

Name: _____

Clown Name: _____

Address: _____

Postal/Zip code: _____ City: _____

Telephone: _____

Sex: Male / Female

E-mail: _____

Clown Type: _____ Number of people attending with you: _____

*Please include ONE letter of recommendation with this application.

2. Workshop Fee

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 in or are planning.
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?

3. Applicant Guidelines

1. All scholarships are partial scholarships not to exceed \$100.
2. They are given on a need basis as our funds are available
3. Recipient must write an article for "The Giggle Gazette" about your experience.
4. Scholarships are given one time per applicant.

Application must be postmarked by July 15 and sent to:

Forest Garner 305 Skylark Road; Augusta, Ga 30907