



SOUTH EAST CLOWN ASSOCIATION

Bill Hamilton

MEMORIALSCHOLARSHIPFUND

Application 2026

(TYPEORPRINTCLEARLY)



Name: _____ Clown Name: _____

Address: _____ City _____ State _____

Email: _____ Zipcode _____

Telephone:(_____) _____ - _____ Age: _____

How long have you been clowning? _____ CLOWN TYPE: _____

You **MUST** include three letters 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 and why you feel you deserve it.
2. How do you plan to use the knowledge gained to further your clowning skills; and how do you plan to share it?
3. List any workshops, conventions, or other clown activities in which you have participated in.
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, three letters of reference and photo to: .

April "Kaatcher" Malara
1625 Shelbourne Lane The
Villages, Fl. 32162 352-
751-1783
aprilbaby333@gmail.com

Applications MUST be postmarked by August 1st, 2026

Applicants **MUST** be 2026 members to be eligible

SECA Board Members are eligible to apply if they are not teaching a class
If you are 17 years old or younger, you must be accompanied by an adult.

This scholarship is limited to only the 2026 SECA Convention.