SOUTH EAST CLOWN ASSOCIATION

Bill Hamilton

MEMORIAL SCHOLARSHIP FUND

Application 2026

(TYPE OR PRINT CLEARLY)

Name:_____**Clown Name:**_____

Address:_____**City**_____**State**_____

Email:_____**Zipcode**_____

Telephone:(_____) -_____-_____**Age:**_____

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

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

1. **In 50 words or LESS, explain 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?**
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** _____

Return application, and color photo of yourself in costume, photos will not be returned.
Mail to: Bonnie Corcia 2616 Camille Dr. Palm Harbor Fl. 34684
Phone: 732-718-5840 Email: bonkygbird@gmail.com

Applications MUST be postmarked by August 1st, 2026 Applicants MUST be Registered SECA 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.