



SOUTH EAST CLOWN ASSOCIATION

Bill Hamilton

MEMORIAL SCHOLARSHIP FUND

Application 2025

(TYPE OR PRINT CLEARLY)



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:

Debbie von Arx
3038 Brooklands Ave.
Lake Placid, FL. 33852
dkvonarx@yahoo.com
239-340-9420

Applications **MUST** be postmarked by **August 1st, 2025**

Applicants **MUST** be 2025 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 2025 SECA Convention.