

S.A.M. MAGIC ENDOWMENT FUND
Scholarship Application for Magic Summer Camp – 2017

COMPLETED APPLICATIONS FOR TANNEN'S MAGIC CAMP MUST BE RECEIVED NO LATER THAN MARCH 1, 2017 -- APPLICATIONS TO OTHER CAMPS MUST BE RECEIVED NO LATER THAN MAY 1, 2017

Name: _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail Address: _____

If attending school: Name of School: _____ Current Grade/Term: _____

Or: State Present Occupation: _____

On attached sheet, describe your interest, experience and goals in magic.

Name of Magic Camp you _____ Tannen's Magic Camp (July 8-15, 2017), located in Bryn Mawr College PA
desire to attend: _____ Sorcerer's Safari (August 8-15, 2017), in Haliburton Highlands, Ontario, Canada
_____ Either of the above
_____ Jeff McBride's Magic & Mystery School 7-Day Master Class (August 18-24, 2017), Las Vegas, NV

Financial Information: Total Family Income: \$ _____

Applicant Lives with: Father _____ Mother _____ Both Parents _____ Other: _____

Number of brothers and/or sisters under 18 living with applicant: _____

Other dependents living with applicant: _____

Extenuating reasons why financial aid is needed (hardship qualifications other than income).

Be specific: _____

Have you previously received a scholarship to a magic camp? Yes _____ No _____ If yes, to what camp and from what source? _____

Have you submitted an application to Tannen's separate from this application? Yes _____ No _____

Have you ever had a scholarship canceled for any reason: Yes _____ No _____ Explain: _____

Photographs attached: Yes _____ No _____

If approved as a scholarship recipient, I give my permission to the Society of American Magicians and the Magic Endowment Fund to issue a press release regarding this scholarship award. Yes _____ No _____

My hometown newspapers are: Name: _____

Address: _____

Signature of Applicant: _____

Signature(s) of Parent(s) or Guardian(s): _____

Relationship to Applicant: _____

Address (if other than applicant's): _____

City: _____ State: _____ Zip: _____ Phone: _____

Date: _____

INSTRUCTIONS

In addition to the application, the applicant should submit the following:

1. A statement showing applicant's interest and experience in magic. Explain why the camp experience will be beneficial to you.
2. Two letters of recommendation from teachers, counselors, administrators or community leaders. (Letters must be signed originals and submitted in a sealed envelope.)
3. At least two letters of recommendation from magicians, who know have known the applicant for at least six months, attesting to the magical expertise of the applicant. (Letters should be signed originals and submitted in a sealed envelope.)
4. Proof of financial aid needed.
5. A letter from your parent or guardian consenting to your attending magic camp.
6. The application should be accompanied by a photograph(s), particularly one showing the applicant performing magic, and suitable for reproduction in a newspaper.
7. A brief statement describing the applicant's career goals and how a scholarship will help him/her achieve them.
8. Any other information which would be helpful to evaluate your application may be submitted.

Mail or email your completed application to:

Trudy Monti, AIMC
S.A.M. Magic Endowment Fund
803 Sherwick Terrace
Manchester, Missouri 63021

TrudyMonti@aol.com

NOTE: If mailing your application, please send an email to Trudy Monti confirming that a hard copy of your application has been submitted via mail, FedEx, etc. Thank you.