

CIRCUS PARTICIPANT SCHOLARSHIP APPLICATION

Please type out information or print clearly.
Application must be filled out completely.

PHOTO

(first year recipients only)

Date: _____

Name: _____

Address: _____

Telephone: _____

Name of Parents: _____

Parents employment or occupation: _____

Applicant's circus activities (year and position):

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

Total number of years in circus: _____

Institution of higher learning you now plan to attend: _____

Address: _____

High school grade point average: _____

School activities: _____

Reasons for wanting to further your education: _____

XXXXXXXXXXXXXXXXXXXX
For Scholarship Committee Only

First year: _____

Third year: _____

Second year: _____

Fourth year: _____