

S.A.M. MAGIC ENDOWMENT FUND
Scholarship Application for year 2007 Summer Camp

COMPLETED APPLICATION MUST BE RECEIVED NO LATER THAN MAY 1, 2007

Name: _____ Age: _____

Mailing Address: _____ Email Address: _____

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

School: _____ Current Grade: _____

On reverse side (or an attached sheet) describe your interest and experience in magic.

Name of Magic Camp you desire to attend: Tannen's Magic Camp, new location in the Philadelphia, PA area _____
Sorcerer's Safari, near Toronto in Haliburton, Ontario, Canada _____
Either _____

Parent Information:

Total family annual 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 ever had a scholarship canceled for any reason?: Yes ___ No ___ Explain:

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

My hometown newspapers are: _____

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 short statement showing applicant's interest and experience in magic.
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 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 parents or guardian.
6. The application should be accompanied by a photograph(s), particularly one showing the applicant performing magic.
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 your completed application to:

Warren J. Kaps
Trustee
S.A.M. Magic Endowment Fund
15 Warren Street
Hackensack, NJ 07601