

MUMMERS MUSEUM

Wendy Hamilton Scholarship Application

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____

High School: _____

High School Graduation Date: _____

College/University/Vocational School to which you have been
Accepted _____

Do you belong to a Mummers Club? Yes___ No___

Do you have a relative who is or was a Mummer? Yes___ No___

Who is/was the relative? _____

With what Club did the relative associate? _____

Your signature and Date:

_____ Date _____

Please print and mail the completed form along with your entry to:

Wendy Hamilton Scholarship

Mummers Museum

1100 S. 2nd Street

Philadelphia, PA 19147

