



Ocean City, New Jersey
June 13, 2020

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you a member of the Artisans? _____

If you are not a member, please request a membership form. You must be a member of the Artisans 60 days before the date of the contest.

I would like to enter the contest for Miss Artisan 2020 in Ocean City, New Jersey on

Saturday, June 13, 2020 representing _____ Assembly, and will abide by the decision of the Judges as to the selection of the same.

Signature: _____ Phone #: _____

Any young lady is eligible to enter this contest if she is a Senior or Junior Artisan, is single and has passed her 16th birthday but not yet reached her 25th birthday. She will be required to participate in all activities relating to the contest. A letter of instruction will follow after the main office has received this application. The applicant will be required to participate in the evening's festivities wearing an evening gown. She **MUST** represent and be sponsored through an Assembly or Association of the Artisans Order of Mutual protection, and we will only accept the first 25 entries. Entries will be limited to one (1) young lady from an Assembly or Association.

IMPORTANT: This application must be on file on or before April 30th at the main office in order to be eligible for this contest.

After completing this application in its entirety, please email to grafa2@aol.com or mail to:
Miss Artisans Contest 2020
Artisans Order of Mutual Protection
8100 Roosevelt Blvd.
Philadelphia, PA 19152

PLEASE GIVE A BRIEF RESUME ON THE REVERSE SIDE OF THIS APPLICATION. PLEASE LIST YOUR ACTIVITIES, ACCOMPLISHMENTS, ASPIRATIONS, HOBBIES, ETC. THIS WILL HELP US IN YOUR PRESENTATION TO THE AUDIENCE

Josephine Geary Memorial

\$500 College Scholarship Assistance Award Application

Name of Student: _____

Address: _____

_____ Telephone No. _____

Assembly to which you belong: _____

Name of High School: _____ Graduation Date: _____

Address of High School: _____

Are you enrolled in a College or University for acceptance in the Fall? _____

Which College or University? _____ Your current GPA: _____

Address of College: _____

Anticipated cost (including tuition and room and board): _____

Have you received any other scholarships or grants? _____

Total family income: _____ Other dependent children: _____

Do you have a part-time job? _____ Approximate earning: _____

Signature: _____

On a separate sheet of paper, please give a brief description of any special family circumstances that will help us reach a decision on your application. We would also like a brief resume of your school years activities and any other aspirations you may have for future career plans on the same page.

IMPORTANT: This application must be on file on or before June 1st at the main office in order to be eligible for this scholarship.