

MISS ARTISAN CONTEST

Ocean City, New Jersey

June 8, 2019



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a member of the Artisans? YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered yes, please fill in the Assembly you are a member of. \_\_\_\_\_.

If you answered no, please download and fill out a membership application and attach it to this form. An application can be found on our website.

I would like to enter the contest for Miss Artisan 2019 in Ocean City, New Jersey, on Saturday, June 8, 2019, representing \_\_\_\_\_ Assembly and I will abide by the decision of the Judges.

Signature \_\_\_\_\_ Phone No. \_\_\_\_\_

Any young lady is eligible to enter this contest if she is a member of the Artisans for sixty (60) days prior to the date of the contest, is single and has passed her 16<sup>th</sup> birthday. She will be required to participate in all activities relating to the contest. A letter of instruction will follow, after this application has been received by the Main Office. She will also be required to participate in the evenings 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 sixteen (16) entries. Entries will be limited to only one (1) young lady from an Assembly or Association.

**IMPORTANT:** This application must be on file on or before April 30, 2019 at the Main Office in order to be eligible for the contest.

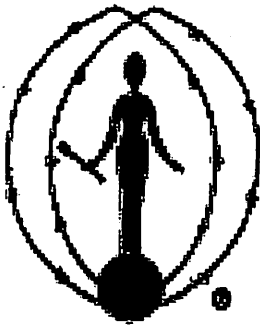
After this application has been fully completed, please forward to:

Bryan Werner  
General Manager  
Artisans Order of Mutual Protection  
8100 Roosevelt Boulevard  
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.**



**Artisans Order of Mutual Protection  
8100 Roosevelt Boulevard  
Philadelphia, PA 19152**

**Application for the  
Josephine Geary Memorial  
\$500 College Scholarship Assistance Award**

**Must be in the Main Office no later than June 1st**

**PLEASE PRINT OR TYPEWRITE**

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Assembly to which you belong \_\_\_\_\_

Name of High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

High School Address \_\_\_\_\_

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

What College or University are you enrolled in? \_\_\_\_\_ Your current GPA \_\_\_\_\_

College Address \_\_\_\_\_

Anticipated Cost\* \_\_\_\_\_

\*Please list your total cost of tuition and room and board.

Have you received any other scholarships or grants? \_\_\_\_\_

Please indicate 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.