



DAI VERNON FOUNDATION

Young Magician Scholarship Application

Your information is treated confidentially and your privacy is important to us.

Dai Vernon strongly believed in mentoring younger magicians. In carrying on the wishes of our namesake, the Dai Vernon Foundation sponsors Young Magician Scholarships enabling promising young magicians to further their magic education. These scholarships are intended for participation in recognized magic programs. Young Magician Scholarships are not available for individual instruction or for financing the development of an act.

You will need the following to complete the application:

- A personal statement detailing your involvement with magic (about two pages)
- Two references (not related to you) familiar with your magic experience
- Your parent or legal guardian's permission

Any questions regarding the application may be addressed to: info@daivernonfoundation.org

Personal Information

Full Legal Name of Applicant:

Applicant's Date of Birth:

Applicant's Email Address:

Applicant's Phone Number:

Name of Parent or Guardian:

Parent/Guardian's Email Address:

Parent/Guardian's Phone Number:

Parent/Guardian's Mailing Address:

Address 1

Address 2

City

State

Zip

Program/Camp Attending:

☐ Tannen's Magic Camp

☐ Magic Inc Camp

☐ Other

Applicant's Education and Experience

High School:

School Name

City

State

Please provide current GPA, if available

Middle School:

School Name

City

State

Please provide current GPA, if available

Magical Experience:

Please detail any professional or charity performances, magic educational experiences, and/or magic association affiliations (Society of American Magicians Youth, IBM, Magic Castle Junior Program, etc.).

Awards and Honors:

List any academic, campus and/or community awards or honors.

Volunteer Activities:

List volunteer and social activities in which you have participated within the past two years. Include approximate dates and describe your level of participation.

Personal References:

Please provide the names and contact information for two references who are not related to you. These individuals should be familiar with you, your magic experience, and your community involvement.

Reference 1 Name:

Email Address:

Phone Number:

Reference 2 Name:

Email Address:

Phone Number:

How long have you been interested in magic?

☐ 0-1 years

☐ 2-4 years

☐ 5-7 years

☐ 8 years or more

Do you have a parent or close relative interested or involved with magic?

☐ Yes

☐ No

Survey Information

How did you hear about the Dai Vernon Foundation's Young Magician Scholarship Program?

- | | | |
|--|--|--|
| <input type="checkbox"/> Flyer or handout | <input type="checkbox"/> Member of the Dai Vernon Foundation | <input type="checkbox"/> Friend or family member |
| <input type="checkbox"/> Magic Castle Junior Program | <input type="checkbox"/> Previous camp attendee | <input type="checkbox"/> Other: <input type="text"/> |

Personal Statement

Please tell us about yourself, your aspirations and why you are applying to the Young Magician Scholarship Program. Include information on how you plan to use this experience personally and professionally, as well as for networking opportunities and building interest in magic within the youth community. (Please limit yourself to no more than two typewritten pages, attached to this form.)

PARENTS: We ask that the applicant take responsibility for writing this statement themselves. We want to hear the potential scholarship recipient's passion in their own voice.

- ☐ By checking this box, I certify that I have downloaded the Parental Permission Form (available at the DVF's website) and I understand my application will not be considered until I return a completed and signed copy of that form to the Dai Vernon Foundation.
- ☐ By checking this box, I certify that all statements contained in my application are true, complete and correct to the best of my knowledge and that I meet the age requirements for the Young Magician Scholarship Program and the Camp Program for which I am applying. I understand and I am prepared in good faith to represent the mission and values of the Dai Vernon Foundation to the best of my ability.

I certify that the information provided in this grant application is true, accurate and complete to the best of my knowledge. I understand that any false or fraudulent statements or omissions may result in disqualification for any grant from the Dai Vernon Foundation.

This application was executed on the ____ day of _____, 20__ at _____.

Signature: _____

***All decisions of the selection committee are final and confidential.
Applications become the property of the Dai Vernon Foundation.***

Return the completed application, along with your Personal Statement and signed Parental Permission Form, to info@daivernonfoundation.org or mail to:

Dai Vernon Foundation
Attn: Grant Requests
11333 Moorpark Street #22
Studio City, CA 91602