



2016 CONTESTANT ENTRANCE APPLICATION

FULL NAME: _____

ADDRESS: _____

DAY PHONE: _____ EVENING PHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

BIRTH DATE: _____ AGE: _____ CLOTHING SIZES: _____

PARENT NAME(S): _____

PARENT ADDRESS: _____

PARENT EMAIL: _____ PARENT OCCUPATION(S): _____

EMERGENCY CONTACT NAME AND PHONE: _____

NAME OF HIGH SCHOOL: _____ GRADUATION YEAR: _____

NAME OF COLLEGE: _____ CLASS IN SEPTEMBER: _____

MAJOR EMPHASIS OF STUDY: _____

EXPLAIN WHY YOU WANT TO BE IN THE MISS LAKEVILLE SCHOLARSHIP PAGEANT:

PLEASE LIST ANY POTENTIAL CONFLICTS WITH REHEARSAL, EVENT, OR PAN-O-PROG DATES:

PLEASE LIST AT LEAST TWO BUSINESSES, INDIVIDUALS, OR ORGANIZATIONS THAT WILL WANT TO SPONSOR YOU, INCLUDING CONTACT NAMES, PHONE NUMBERS AND/OR EMAIL ADDRESSES (SPONSORSHIP FEE IS \$400):

OTHER INFORMATION YOU FEEL MAY BE OF INTEREST TO THE CANDIDATE SELECTION COMMITTEE: