



2024 Candidate Application

Full Name: _____

Address: _____ City _____ State ____ Zip Code _____

Cell Phone: _____ Email Address: _____

Birth Date: _____ Age: ____ Clothing Sizes: _____

Parent Name(s) _____

Parent Occupation(s): _____

Parent Address: _____

Parent Email: _____ Parent Cell Phone: _____

Emergency Contact Name & 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 Program:

List any potential conflicts with rehearsal, event or Pan-O-Prog dates:

Please list at least two businesses, individuals, or organizations that would be willing to sponsor you – please include a contact name, phone number, and email address: