



## 2019 CONTESTANT ENTRANCE APPLICATION

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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 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 \$500):

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