



Miss Jackson County

Official Application

Teen

Scholarship Pageant

Application deadline January 31, 2017



Sponsored by the Jackson County Rose Festival and it's Board of Directors.

An affiliate of the Miss USA Miss Universe Scholarship Pageants.

For more information, email wchmiel@jacksoncu.org or visit www.jacksonrosefestival.org

Full Name: _____

Date of Birth: _____ Age: _____

Home Address: _____

Street number City State Zip

Statistics: Hair Color _____ Eye Color _____ Height _____

E-Mail: _____

Home Phone: () _____

Cell Phone: () _____

Mother's Name: _____ Father's Name: _____

Mother's Phone: () _____ Father's Phone: () _____

Parent's Address: _____

Education, Occupation, Training

High School: _____ Year Graduated: _____

Employer: _____ Position: _____

Special training/Education: _____

Honors/Awards: _____

Ambition: _____

How do you wish your name to appear in publicity: _____

Platform: _____

Talent:

Talent Presentation: _____

If vocal presentation, song title _____

I hereby acknowledge that I have read and understand he official rules and regulation of this competition and that I will comply with them in every way. I further understand that violation of such regulations subject me to disqualification and /or forfeiture of all scholarship awards and honors. To the best of my knowledge the personal data as herein set forth is correct.

Applicants Signature: _____ Date: _____

Parent Signature: _____ Date: _____