



Miss Jackson County Teen USA

Official Application

Scholarship Pageant



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, call:

Windy Chmiel 517-581-4820 or
email wchmiel@jacksoncu.com

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

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: _____

Please return completed form to Windy Chmiel 3856 Westchester Blvd. Jackson, MI 49203 or wchmiel@jacksoncu.com