



# 2010 Miss Weber County Scholarship Pageant Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Phone: \_\_\_\_\_

Platform (Community Service Project): \_\_\_\_\_

## EDUCATION

High School: \_\_\_\_\_ GPA: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College: \_\_\_\_\_ GPA: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Scholastic Honors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TALENT:** \_\_\_\_\_

## APPLICATION RULES:

- ✓ You must be between the ages of 17 to 24 years of age.
- ✓ You must reside, work, or attend school in Weber County.
- ✓ You must have never been married or pregnant.

I understand that falsification of any information on this form makes me subject to immediate disqualification. I also give permission for the Miss Weber County Scholarship Program to request verifying information from any of the above mentioned sources.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of legal Guardian (if under 18 years old): \_\_\_\_\_

**Due January 5, 2010**