



2009 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 February 27, 2009