



Miss Statesville Scholarship Program

A local preliminary of the Miss America Organization

c/o Danny Davis, Executive Director

721 Brandon Street

Statesville, N.C. 28677

PROSPECTIVE CONTESTANT FACT SHEET

(Ages 17-23)

NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: home: _____ other (specify) _____

BIRTHDATE _____

EMAIL ADDRESS: _____

ARE YOU A RESIDENT OF IREDELL COUNTY AND HAVE BEEN FOR 6 MONTHS OR ARE A FULL TIME STUDENT IN IREDELL COUNTY AND HAVE BEEN FOR 6 MONTHS:

YES _____ NO _____

EDUCATION: HIGH SCHOOL _____

COLLEGE: _____

COLLEGE MAJOR: _____

TALENT YOU WILL PRESENT IN COMPETITION (ie..vocal, dramatic interpretation, dance [type of dance], etc. _____

If under 18, this form should only be submitted with parent knowledge and permission. By returning this fact sheet, we will understand that you are interested in becoming a prospective contestant in the upcoming Miss Statesville Scholarship Program. A member of our committee will contact you soon. Thank you for your interest in our program.

Please remit to:

info@missstatesville.org