



Education Personal Achievement Community Service

Building Stronger Women; One Scholarship At a Time

OFFICIAL PRE-QUALIFICATION APPLICATION

PROGRAM ELIGIBILITY: (Please complete the following series of questions)

- I have never been married Yes No
 I have never been pregnant or adopted a child Yes No
 I qualify for this program: (Please select one)
 My permanent address is in Clark County
 I am a full-time in Clark County
 I work full-time in Clark County

PROGRAM : (Please Select One)

Miss Clark County

I am at least 17, graduating in June 2010 and I will be no older than 24 on December 31, 2010.

Miss Clark County's Outstanding Teen

I am at least 13, and I will not graduate in June 2010.

PERSONAL INFORMATION: (Required)

First Name:		Middle:	Last:
Date of Birth:	Age	Address:	City, State & Zip:
Home Phone: ()		Alternate Phone: ()	Email:

KNOWN MEDICAL CONDITIONS &/or ALLERGIES: (i.e. food allergies, asthma etc.)

Please List:

SCHOOL INFORMATION: (Attach unofficial transcript)

Currently Attending:	Cumulative G.P.A.:	Grade or Class Status:
If college, major:	If high school, intended major:	Graduation Date (mm/yy):
Scholastic Honors: (Highlights)		
Leadership Roles: (Highlights)		

EMPLOYMENT HISTORY: (if any)

Current Employer:	Address:	Phone:
		Manager:
Previous Employer:	Address:	Phone:
		Manager:
Previous Employer:	Address:	Phone:
		Manager:

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TALENT : (Required)

- DANCE Tap Jazz Jazz/Acro Ballet Other: _____
 Music Selection: _____
- VOCAL Pop Country Classical Broadway Other: _____
 Music Selection: _____
- INSTRUMENT Piano Other: _____ Selection: _____
- MONOLOGUE Dramatic Comedy Other: _____ Selection: _____
- OTHER Describe: _____

COMMUNITY SERVICE PLATFORM: (Required)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Homeless | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Blood Donation |
| <input type="checkbox"/> Nutrition & Fitness | <input type="checkbox"/> Disabled Persons | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Voting |
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Aging Population | <input type="checkbox"/> Seat Belt Safety | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Youth Mentoring | <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Under Aged Drinking | <input type="checkbox"/> Literacy |
| <input type="checkbox"/> Tobacco Use Prevention | <input type="checkbox"/> Volunteerism | <input type="checkbox"/> Cultural Diversity | <input type="checkbox"/> Underprivileged Youth |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Veteran's of War | <input type="checkbox"/> Other: _____ | |

Briefly Describe Your Platform: _____

Supporting the Following Organization(s): _____

EMERGENCY CONTACT INFORMATION: (Required)

Mother:	Address:	Home Phone: ()	Alternate Phone: ()
Father:	Address: <i>(if different than above)</i>	Home Phone: ()	Alternate Phone: ()
Emergency Contact:	Relationship to Princess:	Home Phone: ()	Alternate Phone: ()

SIGNATURE:

Signature:	Date:	Parent Signature: <i>(if under 18)</i>	Date:
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This pre-qualification application must be completed to be accepted into the 2010 Program.

Please mail your completed application to: MCCSO
P.O. Box 6326
Vancouver, WA 98668

Pageant Date: October 17, 2009

Application Process:

1. Pre-qualification Application
2. Talent Viewing
3. Attendance of official orientation
4. Completion of formal application/contract and paperwork deadline
5. Official acceptance in the 2010 Program

You are under no obligation to compete by completing this application. You will begin to receive information and notification on our program once you have submitted this application. Your personal information will not be released without your permission, or if under 18, the permission of your parents. All information is kept confidential.

Questions? E-Mail: fab_favors@yahoo.com ☎ Phone: (360) 513-0228 ☎ Website: www.missclarkcounty.org