

**Miss St. Clair Shores Scholarship Program
Miss / Teen / Little Miss Application**

Name: _____

Birth Date: _____ Miss/Teen/Little Miss: _____

Address: _____ City, State, Zip: _____

Home#: _____ Work/Cell: _____

Email Address: _____

Parents Names: _____

School: _____ Grade: _____

Talent: _____

Talent Song/Artist: _____

I certify that the foregoing information is true and correct to the best of my knowledge.

Contestant Signature Date: _____

Parent Signature (if Contestant is a minor) Date: _____

We are accepting application starting April 28, 2014 until June 1, 2014. Application and Entry Fee (Teen/Little Miss) must be turned in to secure Talent Song selection. Once song is chosen NO one else will be able to perform to that song.

CHECKLIST

*Proof of Eligibility

MISS – Proof of residency is established by showing driver’s license to pageant committee. If applying by mail please include a copy of license. If a MINOR Parent/Guardian must provide license.

TEEN/LITTLE – Proof of residency is established by Parent/Guardian showing his/her driver’s license to pageant committee. If applying by mail please include a copy of Parent/Guardian driver’s license.

OR – Present a copy of report card proving attendance at a school in St. Clair Shores

*Application completely filled out

*Entry Fee

MISS – None Teen - \$75.00 Little Miss - \$50.00

*Make checks payable to The Miss St. Clair Shores Scholarship Program (MSCSSP)

*Send all above to: Elizabeth Munger 23451 Joy St., St. Clair Shores, MI 48082

Pageant Use Only

Application: _____ Date: _____ Payment Type: _____

Notes: