

Smithfield City Health Days Scholarship Pageant Application

Please turn in to the City office (96 S Main) by Monday, March 13th

Name:

Date of Birth:

Age:

School Grade:

School Currently Attending:

Parent(s)/ Guardian:

Address:

Parent Cell Number:

Parent Email:

Contestant Email and Cell Number :

Future Goals:

Hobbies & Interests:

What are two things that you are proud of accomplishing?

Personal Achievements (religious, community, scholastic, etc.)

Favorite Food:

Favorite Candy:

Favorite Color:

Favorite Song:

Code of Conduct and Obligations:

- I have never been married or pregnant.
- I understand that falsification of any information on this application makes me subject to immediate disqualification.
- If I am chosen to represent Smithfield City, I will fulfill all of my duties that I am required to participate in.
- If I am selected to represent Smithfield, I commit to participate in parades and other city sponsored events and service.
- I agree to conduct myself in a moral and ethical manner as I represent Smithfield City.

If I do not adhere to the above codes and obligations, I understand that I may be disqualified from participation and/or be required to relinquish my title and scholarship.

Signature:

Date:

Signature of Legal Guardian: