

Miss Teen Daviess County Fair Scholarship Pageant Application

Name \_\_\_\_\_ Age \_\_\_\_\_

Sponsor \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Completed \_\_\_\_\_

School Attending \_\_\_\_\_

Extra Curricular Activities/Clubs/Sports:

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Community Involvement/Volunteer Work:

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Achievement/Awards:

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Special Interests/Hobbies:

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What do you want to learn from being in this Pageant?

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Parent's Name(s) \_\_\_\_\_

Your Address \_\_\_\_\_

Phone Number \_\_\_\_\_

I, \_\_\_\_\_, certify the the following is true:

- ✓ I am at least 13 years old and will not be older than 15 as of Oct. 31, 2010.
- ✓ I have never been married nor been pregnant.
- ✓ I have been a resident of Daviess County, KY for at least six (6) months prior to the pageant date.

PLEASE PRINT OR TYPE!!! Send to Alaina Morris-- 7346 Old Masonville Rd.

Utica, KY 42376

Ph 270-993-9801

\*\*Information Meeting: To Be Announced at  
the Daviess County Fairgrounds in Philpot, KY.