



www.missemanuelsetheast.com
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P.O. Box 1175 Swainsboro, Georgia 30401

APPLICATION

Please check the pageant in which you plan to compete:

- Miss Emanuel County Scholarship Pageant
- Miss Southeast Georgia Scholarship Pageant
- Miss Emanuel County's /Southeast Georgia's Outstanding Teen Pageant

Full Name: _____ Age: _____ Date of Birth: _____

(as of pageant night)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Parent/Guardian Name(s): _____

Address: _____ Phone: _____

*All areas below may not apply to each contestant. Please complete if applicable.

Education

I will enter the _____ Grade in the Fall at _____

Or, I will be enrolled at _____ College/University as a _____;

Or, I have graduated from College/ University: _____ Year _____ Degree _____.

Occupation: _____

Other:

Hometown/School Newspaper: _____ Address: _____

Sponsor: _____

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The above information is true and correct to the best of my knowledge. I agree to meet all deadlines set forth by the Miss Emanuel County/Miss Southeast Georgia Scholarship Pageants. I also understand that acceptance of applications and talent requests will be granted according to the date information is received by the entries chairperson.

Contestant Signature

Date

Parent/Guardian Signature

Date