



**\* ALL SECTIONS MUST BE COMPLETED \*  
\* ONLY PAGEANT STAFF WILL SEE THIS FORM\***

Full Name (as you wish it to be printed in the program): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Preferred Phone Number \_\_\_\_\_  
Please indicate if the above number is: \_\_\_\_\_ cell phone \_\_\_\_\_ home phone

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

High School/College Name: \_\_\_\_\_

Year in School: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Platform Statement: \_\_\_\_\_

**Children's Miracle Network**  
Donated Hours( to date) \_\_\_\_\_  
Money Raised ( to date)\$ \_\_\_\_\_

**Platform Statement**  
Community Volunteer Hours( to date) \_\_\_\_\_  
Money Raised( to date) \$ \_\_\_\_\_

Talent Type (tap dance, lyrical dance, piano, vocal, etc.) : \_\_\_\_\_

Title of Talent Music (if applicable): \_\_\_\_\_

All data must be factual. The failure to provide factual information may result in your disqualification from the pageant.

**You are required to furnish photo copies of your birth certificate and a photo ID. Mail copies and completed application to:**

**Miss Clarion River Valley Scholarship Pageant  
PO Box 691  
Clarion, PA 16214**