

OFFICIAL APPLICATION

PROGRAM: *(select one)*

COMPETITION: FEBRUARY 29, 2020

- Miss** At least 18 by July 31, 2020, graduated from high school by June 2020 and no older than 25 on December 31, 2020.
- Teen** At least thirteen (13) years of age on the day of competition and no older than seventeen (17) years of age as of July 31st in the calendar year of the State Competition, unless she is 18 years old and has not graduated from high school as of July 31st. For the avoidance of doubt, 13 to 17-year-old high school graduates, as well as 18 year old non-graduates as of July 31st, must compete at Teen level.

PROGRAM ELIGIBILITY: *(additional criteria in contestant contract)*

I qualify for this program in one of these areas: Permanent residence in Kitsap County (min. 6mos)
 Employed full-time in Kitsap County
 Full-time student in Kitsap County

PERSONAL INFORMATION:

Name: (First Middle Last)		Date of Birth:	Age:
Address:	City:	State:	Zip:
Cell Phone:	Home Phone:	Email:	

PARENT/GUARDIAN INFORMATION:

Name:	Cell Phone:	Home Phone:	Email:
Address:	City:	State:	Zip:
Name:	Cell Phone:	Home Phone:	Email:
Address:	City:	State:	Zip:

SOCIAL IMPACT INITIATIVE (Miss) or PLATFORM (Teen)

Click or tap here to enter text.

TALENT:

Click or tap here to enter text.

(Talent examples: jazz dance, clogging, vocal, monologue, Karate, gymnastics, piano, violin, etc.)

- MISS & TEEN candidate talent must **not** be more than **90 seconds** and approved by Executive Producers
- All props require pre-approval of the Executive Producers and are the responsibility of the candidate

OFFICIAL CANDIDATE APPLICATION

OFFICIAL CANDIDATE APPLICATION

SCHOOL INFORMATION: <i>(transcript will be required with official contract)</i>		
School Currently Attending:	Cumulative G.P.A.:	Grade Level or Class Status:
College Major/Intended Major (if applicable):		Graduation Date (mm/yy):

EMPLOYMENT INFORMATION: <i>(if applicable)</i>		
Current Employer:	Address:	Phone:
		Manager:

EMERGENCY INFORMATION:			
KNOWN MEDICAL CONDITIONS &/or ALLERGIES: <i>(i.e. food allergies, asthma etc.)</i>			
Emergency Contact Name:	Relationship to Contestant:	Home Phone:	Alternate Phone:
Emergency Contact Name:	Relationship to Contestant:	Home Phone:	Alternate Phone:

INTERESTING FACTS & INFO: <i>(Sports, hobbies, interesting facts, travel, etc.)</i>

OFFICIAL PHOTO RELEASE: <i>check one</i>
--

- I give permission to be photographed and/or videotaped by MWSSP in conjunction with all activities associated with the Miss West Sound/Miss West Sound's Outstanding Teen/Princess programs. These photos may be used on the MWSSP website, social media site, newspapers, and/or other official printed publications.
- I do **NOT** give permission to be photographed and/or videotaped by MWSSP in conjunction with all activities associated with the Miss West Sound/Miss West Sound's Outstanding Teen programs.

SIGNATURE: I hereby certify that this application is true and correct to the best of my knowledge. I will meet the time commitment and responsibilities set forth by this program.			
Signature:	Date:	Parent Signature: <i>(if under 18)</i>	Date:

CHILDREN'S MIRACLE NETWORK

OFFICIAL CANDIDATE APPLICATION

Both Miss & Teen contestants *must* register at Children's Miracle network online. Miss contestants are required to raise a minimum of \$100 for **Children's Miracle Network**, Miss America's national social impact initiative. Teens are encouraged, but not required.

MISS registration: missamericaforkids.org

TEEN registration: maoteen4kids.org

PROGRAM BOOK AD SALES & DONATIONS

All Candidates are asked to secure two full-page ads (\$300 each) for the program book. The Miss and Teen with the most ads will win a scholarship. All advertisements are due *no later* than January 4th.

PRINCESS MENTORING

Mentoring others is a large part of the personal growth in the program. Each Teen and Miss participant will mentor one or more princesses. Princesses are girls ages 6-11 who are either recruited by a candidate or sign up on their own. If a candidate recruits her own princesses, they will be assigned to each other.

SUBMIT APPLICATION

Please complete and email your application to: MWSDirector@Comcast.net or mail to:

**Miss West Sound Scholarship Program
PO Box 804
Poulsbo, WA 98370**