

Miss West Sound



PEARL PRINCESS APPLICATION

A NON-COMPETITIVE MENTORING PROGRAM STRIVING TO DEVELOP POISE, SELF-CONFIDENCE, SOCIAL SKILLS AND FRIENDSHIPS AMONG GIRLS AGES 6 THROUGH 10, WHO RESIDE IN KITSAP COUNTY

PERSONAL INFORMATION:

Name: (First Middle Last)		Date of Birth:	Age:
Address:	City:	State:	Zip:

PARENT/GUARDIAN INFORMATION:

Name:	Relationship:	Contact No:	Email:
Address:	City:	State:	Zip:
Name:	Relationship:	Contact No.	Email:
Address:	City:	State:	Zip:

WHAT DO YOU WANT TO BE WHEN YOU GROW UP?

WHAT ARE YOUR HOBBIES/INTERESTS?

SCHOOL INFORMATION:

School Currently Attending:	Grade Level:
Favorite Subject(s):	

OTHER INFORMATION:

Favorite Color(s):	T-Shirt Size:	Sweatshirt Shirt Size:
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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.

EMERGENCY INFORMATION:

KNOWN MEDICAL CONDITIONS &/or ALLERGIES: *(i.e. food allergies, asthma etc.)*

Emergency Contact Name:

Relationship to Contestant:

Contact No:

Emergency Contact Name:

Relationship to Contestant:

Contact No:

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.

Parent Signature:

Date:

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**