

# Miss Clinton County Scholarship Program

## ***Candidate Information Form***

### **Candidate Information**

Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(Where mailings will reach you during school year)

Email address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Career Ambition: \_\_\_\_\_

School or college: \_\_\_\_\_ Located in \_\_\_\_\_  
(City)

Grade or year of study: \_\_\_\_\_ Major: \_\_\_\_\_

**Talent:** \_\_\_\_\_

### **Social Impact**

Initiative: \_\_\_\_\_

### **Parent or Guardian Information**

Full names: \_\_\_\_\_

(First and Last names of both parents or guardians. Please list separately if divorced or separated)

Permanent Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address (Parent or home) \_\_\_\_\_ Fax \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Date form completed \_\_\_\_\_