

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 _____