

# Miss Virginia Scholarship Pageant 2007 Virginia Princess Program

## Official Application

Name \_\_\_\_\_ Representing Miss \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Parent's Office (\_\_\_\_) \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Achievements \_\_\_\_\_

\_\_\_\_\_

Community Involvement \_\_\_\_\_

\_\_\_\_\_

Shirt Size (Please Circle)      Child SM M LG / Adult SM M LG XLG

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian

Checks should be made available to the Miss Virginia Scholarship Organization. Please send this signed application, all forms, checklist and the \$300.00 registration fee to:

The Miss Virginia Princess Program  
712 Mobjack Place  
Newport News, VA 23606  
757-873-0454