

WEST VIRGINIA BLACK WALNUT SCHOLARSHIP PAGEANT

APPLICATION

(PLEASE TYPE OR PRINT IN INK)

Name of Contestant: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Parent(s) Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Height (w/o shoes): \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Sponsor(s): \_\_\_\_\_

T-Shirt Size: **Please circle one: S M L XL**

Educational Information:

School: \_\_\_\_\_ Grade: \_\_\_\_\_

College/University: \_\_\_\_\_ Major: \_\_\_\_\_

Activities and Awards: You may include an additional page if needed,

School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church: \_\_\_\_\_

\_\_\_\_\_

Community: \_\_\_\_\_

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Special Interests, Activities or Honors: \_\_\_\_\_

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Three words to describe yourself: \_\_\_\_\_, \_\_\_\_\_,

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Favorite Food: \_\_\_\_\_ Favorite Color: \_\_\_\_\_

I certify that I have read and agree to comply with the Pageant Requirements attached hereto.

Signed: \_\_\_\_\_

Contestant

Signed: \_\_\_\_\_

Parent or Guardian  
(If under 18 years old)