



MISS MANCELONA PAGEANT (AGE 16-19)

Please note that we will only be accepting the first 10 contestants to complete and turn in their application per age group. This ensures a well-timed pageant and helps ensure each contestant will get her time to shine!

Full Name: _____

Address: _____

Date of Birth: _____ **Guardian Phone/Email:** _____

FAVOITES:

Flower: _____ **Season:** _____ **Movie/Show:** _____

Color: _____ **Book:** _____ **Animal:** _____ **Food:** _____

What school do you attend? _____ **Grade:** _____

If you could create one charity in Mancelona what would it be and why? _____

List 4 fun facts about you! _____

What does it mean to you to be a Role Model? _____

Who is your Role Model and Why? _____

List 5 words you would use to describe yourself: _____

How would you describe the word "Empathy?" _____

What are your career ambitions? _____

What does "Community" mean to you? _____

Are you involved in any extracurricular activities? _____

What is your favorite thing about Mancelona? _____

How would you describe Mancelona to a stranger? _____

How do you currently support your community? _____

What do your current grades in school look like? _____

How are you accepting of others who might be different from you? _____

Why do you want to be Miss Mancelona? _____

(You may use a separate sheet of paper if needed for any of the above questions.)

Parents/Guardians Names: _____

Please understand that by signing this application you are committing to make sure that your child is attending all practices and events in preparation for our Miss Mancelona Scholarship Pageant; unless otherwise discussed with pageant coordinator.

Contestant Signature: _____ **Date:** _____

Guardian Signature: _____ **Date:** _____

Miss Mancelona Reference Sheet

Please do not use family or friends. References can and should include employers, coaches, teachers, community members, managers, youth leaders, teammates, etc. The Miss Mancelona Directors will be making contact with each reference to ask them questions about your qualifications to be Miss Mancelona 2025!

Name: _____ Phone number: _____

Relationship to applicant: _____

Email: _____ Date: _____

Name: _____ Phone number: _____

Relationship to applicant: _____

Email: _____ Date: _____

Name: _____ Phone number: _____

Relationship to applicant: _____

Email: _____ Date: _____