Miss Anaheim Scholarship Program Preliminary Competition Candidate Data Form 101-A

Date Submitted:				
Candidate's Full Name:		Age:	Date of Birth: _	MM/DD/YYYY
		Mobile Phone #:		
**Permanent Address: Street Address		City		State Zip Code
Mailing Address:Street Address		City		state Zip Code
School (Currently Attending):				time Part time
Projected or Actual High School	Graduation Date:	Month/Year		
If College Graduate, Name of Co	llege/University:			
Do you work full-time in Anaheim	? 🗆 Yes 🚨 No	Do you reside with	nin the *AUHSD?	☐ Yes ☐ No
Candidate's Declaration of U.S. (Citizenship:			
By checking this box, I certify that	at I am a U.S. citizen.			
Talent: Please describe your talent	for the competition (e.	g., dance, vocal, monolo	gue, etc).	
Are you new to competing in the	Miss America Orgai	nization? Yes	No	
Parent Contact Information	Note: Parent contact information is requested from all candidates (in case of emergency). If candidate is under 18 years of age, Parent contact information is required.			
Parent 1				
Name:		Email address:		
Mobile Phone:		Other phone:		
Parent 2				
Name:		Email address:		
Mobile Phone:		Other phone:		

Please return your completed form as an email attachment to info@missanaheimpageant.org

^{*}AUHSD – Anaheim Union High School District