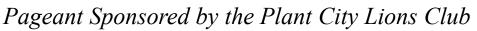


FLORIDA STRAWBERRY FESTIVAL

2022 QUEEN'S SCHOLARSHIP PAGEANT



DEADLINE: Tuesday, November 9, 2021 5:00 P.M.

Contestant's application will be accepted on a first-come, first-serve basis and limited to 35 contestants. Applications must be hand-delivered to Festival Office (Mail-in applications WILL NOT be accepted). Application must be accompanied by a \$25.00 entry fee made payable to Florida Strawberry Festival®, one wallet size photograph, a copy of TECO Bill (proof of residency), and a **PRINTED TRANSCRIPT WITH MOST**

CURRENT DISTRICT GPA SIGNED BY REGISTRAR

Name		Date of Birth			
first Home Address	middle	last	St	7in	
		•			
Mailing Address		City	St	Zip	
Hm Ph#	Cell Ph#	Other I	Other Ph#		
Email Address	· · · · · · · · · · · · · · · · · · ·			 	
Mother's Name		р	Phone		
Father's Name	 		Phone		
High School Attendan	ce	Ju	Junior□ Senior□ Graduate□		
College Attendance			Year in College		
Post Secondary Educat	tion or Training				
College Plans/Area of S	Study				
High School or College	Activities/Clubs (Li	imit 3)			
• • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	•••••	•••••	
Are you currently involve	d with a managemen	t contract or endorsement of a con	nmodity? Yes	No	
If yes, please explain:					
Have you ever been expe	elled from school? Yes	sNo			
Have you ever been arre	sted or convicted of a	crime? YesNo			
If yes please explain:					

I hereby acknowledge that I have read the **Official Rules and Regulations** of this Pageant and that I am in compliance. I agree to comply with all rules & regulations set forth in this contract and that the personal information provided by me is correct. I understand that if I am not in compliance I may be subject to disqualification. By signing this application and agreement, if selected, I understand that it is my responsibility to fulfill designated assignments by Florida Strawberry Festival® Board of Directors to include participation in parades and other functions in which I represent the Festival. Further, I hereby agree and consent to the use of any picture of said applicant, in all publications, television, publicity, brochure, etc., that the FLORIDA STRAWBERRY FESTIVAL® may desire. I will not hold the Florida Strawberry Festival® responsible for any injuries, accidents or damages that may occur during said contest. It is understood that all the above information is subject to verification by the Florida Strawberry Festival® and any discrepancies may be cause for elimination from the contest.

The undersigned parent or guardian of the above named applicant, does hereby agree and consent to the use of any picture of said applicant, in all publications, T.V., publicity, brochures, etc. that the Florida Strawberry Festival® may desire. We will not hold the Festival responsible for any injuries, accidents or damages that may occur during said contest. And further, we agree to abide by all rules and regulations as set forth for the Pageant. We certify that the above information is correct as set forth regarding the applicant. It is understood that all information above is subject to verification by the Florida Strawberry Festival® and any discrepancies found may be cause for elimination from the contest.

9	Signed		
		Applicant's Full Name	
9	Signed		
	Signature of Parent or Guardian		
State of Florida			
County of			
The foregoing instrument was acknowledge	d before me this	day of	, 20
by	, who is perso	nally known to me or who	has produced
	as identification	n.	
Signature of Notary			
Printed name of Notary			
My Commission Expires			

(Seal of Notary)