

*Miss Apopka Scholarship Competition, Inc. --- Local Candidate Information*

Candidate's Name:

Current Address:

City, State, Zip:

Telephone:

Cellular #:

E-Mail Address:

Date of Birth:

Permanent Address:

City, State, Zip:

High School or College (presently attending):

**If not attending school, please list your current occupation & work place:**

**Do you have any food allergies? If so please list below:**

Mother's Full Name:

Address:

City, State, Zip:

Telephone #:

Cellular #:

E-Mail Address:

Father's Full Name:

Address:

City, State, Zip:

Telephone #:

Cellular #:

E-Mail Address:

Candidate Initials \_\_\_\_\_