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MISS BUFORD HIGH SCHOOL SCHOLARSHIP PROGRAM Registration Application

(~please print legibly~)

Select Appropriate Division:

_____ 9th Grade / Miss Freshman Buford
_____ 10th Grade / Miss Sophomore Buford

_____ 11th Grade / Miss Junior Buford
_____ 12th Grade / Miss Buford

Contestant Full Name: _____ Age _____

Contestant Preferred Name: _____ DOB _____

Address: _____
(Street) (City) (Zip)

Home Phone: _____ Contestant Cell: _____

Contestant Email Address: _____

Father's Name: _____ Mother's Name: _____

Father's Cell: _____ Mother's Cell: _____

Father's Email: _____ Mother's Email: _____

Parents' names to be listed in the program as: * _____

**Etiquette guide for appropriately listing parent names depending on your family's dynamic:*

*If your parents are **married**, then you may appropriately list them as: "Sue and Joe Smith"*

*If your parents are **divorced** and **unmarried**, then you may appropriately list them as: "Sue Smith and Joe Smith"*

*If your parents are **divorced** and **remarried**, then you may appropriately list them as: "Sue Jones and Joe Smith" or "Sue and Rich Jones and Pat and Joe Smith"*

*If a parent is **deceased**, then here is an example of how you may appropriately list your parents' names: "Sue Smith and the late Joe Smith"*

Is this your first time to participate in Miss Buford? _____ Yes _____ No

If not, what year(s) have you participated in Miss Buford? _____

Do you already have the official Miss Buford t-shirt? _____ Yes _____ No
 ...Or do you need one? _____ T-Shirt Size: _____

Do you wish to participate in the optional photogenic category? _____ Yes _____ No

*Mentoring young women in character, communication, and leadership,
that they may leave a lasting, positive impact upon their community*