

2019 Miss Apple Blossom Outstanding Teen

A local preliminary competition to the Miss Virginia Outstanding Teen Program

CONTESTANT INFORMATION SHEET

Please TYPE your information on this sheet - thank you!

Full Name _____

Address _____

Home Phone (____) _____ Cell (____) _____

E-mail address _____

Birthday _____ Current Age _____ Age as of 6/16/2019: _____

Father _____ Mother _____

Brothers and/or Sisters:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

SCHOOL INFORMATION

Name of Current School _____ Year _____

Elementary and/or Middle School Activities and Honors:

Elementary and/or Middle School Accomplishments:

Name of High School

Year in High School = Freshman / Sophomore / Junior

High School Activities and Honors:

High School Accomplishments:

ADDITIONAL INFORMATION:

What type of talent will you present?

(Please indicate if you will dance (ballet, tap, etc.), sing (classical popular, etc.), play a musical instrument (which one), or perform a comedic reading, dramatic skit, etc.

Name/Title of talent selection (music):

Special training in music, drama, dance, or art, etc:

Hobbies / Sports / Talents:

What are your plans upon high school graduation?

What are your goals in life?

Other interesting facts about yourself:

State the platform issue to which you are committed and have been involved (community service or volunteer work):

What are your most significant accomplishments concerning your platform and what do you hope to accomplish in the future?

Contestant's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____