



FLORIDA STRAWBERRY FESTIVAL
2020 QUEEN'S SCHOLARSHIP PAGEANT
Pageant Sponsored by the Plant City Lions Club



DEADLINE: Tuesday, November 12, 2019 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 middle last

Home Address _____ **City** _____ **St** _____ **Zip** _____

Mailing Address _____ **City** _____ **St** _____ **Zip** _____

Hm Ph# _____ **Cell Ph#** _____ **Other Ph#** _____

Email Address _____

Mother's Name _____ **Phone** _____

Father's Name _____ **Phone** _____

High School Attendance _____ **Junior** **Senior** **Graduate**

College Attendance _____ **Year in College** _____

Post Secondary Education or Training _____

College Plans/ Area of Study _____

High School or College Activities/Clubs (Limit 3) _____



Are you currently involved with a management contract or endorsement of a commodity? Yes _____ No _____

If yes, please explain: _____

Have you ever been expelled from school? Yes _____ No _____

Have you ever been arrested or convicted of a crime? Yes _____ No _____

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.

Signed _____
Applicant's Full Name

Signed _____
Signature of Parent or Guardian

State of Florida

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____

by _____, who is personally known to me or who has produced
_____ as identification.

Signature of Notary

Printed name of Notary

My Commission Expires

(Seal of Notary)