

Miss Salem Scholarship Competition 2021



MISS SALEM CANDIDATE INFORMATION SHEET

Candidate Name: _____

Date of Birth: ____/____/____

Cell: _____ Text: Y/N

Permanent Address:

City: _____ State: _____

Zip Code: _____

School (attending): _____

Email Address: _____

Parent's Names: _____

Talent: _____

(Please explain to the best of your ability)

Parent/Gardian Signature: _____