APPLICATION FOR LITTLE 500 FESTIVAL QUEEN

Full Name:	
Address:	
Phone:	Date of Birth:
Parent Name(s):	
High school or college currently attendi	ng:
Grade Point Average:	
School you will be attending as of Septe	mber 1, 2006:
School activities, sports, and/or honors:	
Community activities:	
Hobbies/Talents:	
Employment:	
	are you available to make appearances at y?If certain dates are unavailable,
I HEREBY AGREE TO ABIDE BY TH SCHOLARSHIP RULES AND AGREE IS FINAL. I HAVE READ A COPY OF	IE LITTLE 500 FESTIVAL THAT THE DECISION OF THE JUDGES
Signed:	Date:
Parent/Guardian's signature if under 18	8:
	sophomore college students: gfull time orpart time D APPLICATION FORM, ONE PAGE
	CE OF VOLUNTEERISM, A COPY OF ER PROOF OF AGE AND A PHOTO TO:

Little 500 Festival Queen C/O Anderson/Madison County Visitors Bureau 6335 S Scatterfield Road Anderson, In 46013