



2020 MISS TROUP COUNTY & MISS TROUP COUNTY'S OUTSTANDING TEEN APPLICATION

() Miss Candidate

() Teen Candidate

Name: _____ Age: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

I am enrolled at _____ school/college/university as a _____

Major: (if applicable) _____

---OR---

I have graduated from College/University _____ Year _____ Degree _____

Occupation _____

Type of Talent: _____ Title of Talent Selection: _____

Social Impact Initiative _____

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The above information is true and correct to the best of my knowledge. I agree to meet all deadlines set forth by the Miss Troup County Scholarship Competition. I have read the MTC/MTCOT local contract and do hereby agree to abide by it and fulfill all duties required as the MTC/MTCOT titleholder. Further, I understand that acceptance of applications and talent requests will be granted according to the date the information is received by the designated competition chairperson.

Candidate Signature

Date

Parent/Guardian Signature

Date

HOLD HARMLESS AGREEMENT

I hereby release the Miss Troup County Scholarship Board including members and volunteers, Miss Georgia Scholarship Competition, Inc., its Directors, and Field Directors from any injury, loss, or theft sustained or resulting from my daughter's participation in this competition.

Parent/Guardian Signature _____ Date _____