Please Type Your Application

2020 MISS GALLIA COUNTY CONTESTANT APPLICATION

Name

_____

first middle initial last

Address

_____

Parent(s) Name

_____

Gallia County Resident _____ Years_____

Years in Qualifying Youth Organization* _____

School:_____

Phone Number _____ E-mail:

_____

If selected by your school to participate, may the Pageant Committee contact you via text message with practice and meeting times? If yes, please make sure that the phone number listed above is your cell phone number. Yes No

List Your School Activities, Honors, Clubs, Etc. (List according to priority)

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Tell us Your Community Service Accomplishments

*Qualifying Youth Organizations include: FFA, Home Economics, FCCLA, 4-H, Grange, Girl Scouts, Farm Bureau Youth Council, Business and Office Education

In What Areas of Your County Fair Have You Participated?

List honors or awards you have won at your county fair?

Are You Currently Employed? Where?
My Job Responsibilities are:

What do you hope to have accomplished ten years from now?

Describe Yourself. What makes *you* unique?

Please write a short paragraph stating HOW you could best represent Gallia County if you were crowned *"Miss Gallia County":*

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DO NOT ADD ADDITIONAL PAGES TO THIS APPLICATION