



Miss Miami Gardens
Scholarship Pageant

2010 Miss Miami Gardens Participant

APPLICATION

(PLEASE PRINT)

Contestant's Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Cellular: _____

Date of Birth: _____ Social Security: _____

E-Mail Address: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

High School/College presently attending: _____

Current Place of Employment: _____

Address: _____

Phone: _____

Mother's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Alternative Number: _____

E-Mail Address: _____

Father's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Alternative Number: _____

E-Mail Address: _____

Send paperwork to: Stephanie Saenz c/o Miss Miami Gardens Pageant
1515 N.W. 167th Street, Bldg. 5, Ste. 200, Miami Gardens, FL 33169

Telephone: Stephanie Saenz (305) 622-8000 ext. 2482 email: ssaenz@miamigardens-fl.gov or Ula Zucker (305) 622-8035