



Miss Clatsop County Scholarship Program 2023

Name: _____

Social Security #:

(Needed for Scholarship Distribution)

Miss Contestant

Teen Contestant

I have read through and understand the Miss Clatsop County Scholarship Program Code of Conduct, Miss Clatsop County Job Description and Oregon Scholarship Rules and Regulations and understand and agree to them.

Candidate Signature: _____

Parent Signature: _____