



Grove City Augustfest Queen Candidate Application

Full Name: _____

Date of Birth: _____ Age: _____

Address: _____

Phone Number: _____ Grade Completed: _____

Email Address: _____

Parents/Guardians Name: _____

School Activities: _____

Extra-Curricular/Volunteer Activities: _____

Employment/Hobbies: _____

Why would you like to become Miss Grove City? _____
