

Application

State Sweetheart

1. Name: _____ 2. Date: ____ - ____ - ____
3. Address: _____
4. City and State: _____ 5. Zip: _____
6. Phone: (____) ____ - ____ 7. Birthday: _____
8. School Attending: _____
9. Grade: _____

10: Comments: (give a brief description of yourself)

11. References: List two adults who have known you for the past three years.
* Name (Please, NO immediate family members)

Address: _____ Phone: (____) ____ - ____

City and State: _____ Zip: _____

* Name (NOT a family member)

Address: _____ Phone: (____) ____ - ____

City and State: _____ Zip: _____

I, the parent of the above listed participant, approve of her intention to run for State Sweetheart.

Parent/Guardian Signature: _____

I promise to abide by all the regulations of the Indiana State Sweetheart Program and those set forth in this manual.

Applicant's Signature: _____

This young lady has met all requirements set forth in this manual. I approve of her intention to run for State Sweetheart.

Sweetheart Director: _____

DEADLINE TO RETURN FORM: June 1, 2015