



# APRIL FRIESNER MEMORIAL ROYALTY SCHOLARSHIP PAGEANT

If you are interested in developing your leadership and public speaking skills, enjoy working with people and would like the opportunity to travel though out the State of Washington, Oregon and Canada representing the Marysville Community, we invite you to participate in the Marysville Strawberry Festival April Friesner Memorial Royalty Scholarship Pageant.

The Marysville Strawberry Festival Royalty Court is the official host of the Strawberry Festival in June and will travel to many other community festivals representing not only the festival but the Marysville Community during their one year reign. They also receive scholarship monies and a gift package. If you are willing to commit your time and energy to represent your community, the rewards and opportunities will be endless!

Please complete and sign the following application forms and return by  
**November 22, 2019 by 6:00pm** to:

*Scan and email applications packets to [maryfestroyalty@gmail.com](mailto:maryfestroyalty@gmail.com)*

*Or*

*Drop off in person by emailing the above address to coordinate.*

You will receive written notice of acceptance upon verification of required qualifications. For further information please email [maryfestroyalty@gmail.com](mailto:maryfestroyalty@gmail.com)  
Maryfest, Inc. is an all volunteer non-paid organization and does not have a staffed office. The Pageant Director will get back to you as quickly as possible. Pageant will be held in March, 2020.



## Marysville Strawberry Festival April Friesner Memorial Scholarship Pageant 2020 QUALIFICATION RULES

- All Candidates must attend or live within the Marysville or Lakewood School District boundaries
- All Candidates must currently be a high school Junior or Senior
- All Candidates must have an accumulative GPA of at least a 3.0
- All Candidates must have a cumulative Attendance record of 90%
- Candidates must attend **ALL** pre-Pageant events and rehearsals
- Candidates must be of good character, cannot be married, cannot have children or be pregnant.
- Candidates cannot co-habitat with an intimate partner.
- Candidates will at no time drink alcoholic beverages, smoke / vape in public or knowingly participate in any illegal activity or detrimental behavior. Breaking this rule will result in immediate dismissal.
- All Pageant rehearsals are CLOSED to anyone not participating in Pageant
- The official Marysville Strawberry Festival Royalty Court will consist of 6 members. Three (3) from the Senior Royalty (junior or senior in high school) and Three (3) from the Junior Royalty (6<sup>th</sup> or 7<sup>th</sup> graders).
- Once the Senior Royalty's reign is completed, they are no longer eligible to apply for the Royalty Court in the future.
- Any Scholarship monies will be awarded after the completion of the one (1) year reign. Monies are for books and tuition only. Guidelines will be presented to the selected Royalty members.

I have read the above rules and would like to submit my application to run as a Candidate for the Marysville Strawberry Festival April Friesner Royalty Scholarship Pageant. To the best of my knowledge, I meet the all the requirements presented in the applications and rules and will adhere to the rules as set forth, understanding that any violation of these rules will mean an immediate removal from participating in the Pageant. I have completed and signed the attached forms and have the approval of my parents/guardian as attested to by their signature on all forms. If selected, I further agree to participate in the Marysville Strawberry Festival events as directed by the Maryfest officials for one (1) year and will abide by the rules as set forth by Maryfest, Inc. the sponsoring organization of the Marysville Strawberry Festival. I understand that if chosen as part of the Royalty, and any rules are violated, I will lose my scholarship, crown, sash, clothing and all gifts received during my reign.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*The Marysville and Lakewood School Districts have neither reviewed nor approved the program; personnel, activities or organizations announced in this flyer and undertakes no responsibility to supervise these events. Permission to distribute this flyer should not be considered a recommendation or endorsement of the program by the district. In consideration of the privilege to distribute these materials, the Marysville and Lakewood School Districts shall be held harmless from any cause of action or claim arising out of the events or activities advertised in these materials; include all costs, attorney fees and judgments or awards.*



## APRIL FRIESNER MEMORIAL ROYALTY SCHOLARSHIP PAGEANT 2019 SENIOR ROYALTY APPLICATION

Please type or print clearly

Name \_\_\_\_\_

Gender \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

Mailing address: \_\_\_\_\_

Street address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian (1) Name \_\_\_\_\_

Parent/Guardian email \_\_\_\_\_ Contact Number \_\_\_\_\_

Parent/Guardian (2) Name \_\_\_\_\_

Parent/Guardian email \_\_\_\_\_ Contact Number \_\_\_\_\_

Brother's Name & Ages \_\_\_\_\_

Sister's Name & Ages \_\_\_\_\_

Current School \_\_\_\_\_ Grade - Junior ( ) Senior ( )

Cumulative GPA \_\_\_\_\_

I am currently employed at \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Work Phone \_\_\_\_\_

**PLEASE INCLUDE A LETTER OF RECOMMENDATION WITH COMPLETED APPLICATION.**

Your favorite subject in school & why \_\_\_\_\_

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Clubs & Organizations you belong to; \_\_\_\_\_

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Awards & Honors you have received: \_\_\_\_\_

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Community Involvement: \_\_\_\_\_

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College or Vocational School you want to attend: \_\_\_\_\_

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What is your ambition in life: \_\_\_\_\_

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List any hobbies you enjoy: \_\_\_\_\_

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Interesting facts you want us to know about: \_\_\_\_\_

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## Marysville Strawberry Festival April Friesner Memorial Scholarship Pageant 2019 Indemnity Form

KNOW ALL PERSON BY THESE PRESENT: That the undersigned,

\_\_\_\_\_, hereby releases,

The Marysville Strawberry Festival, dba Maryfest, Inc., the Marysville School District #25 and the City of Marysville and its volunteers, employees and agents of and from any and all claims, demand, damages, actions, causes of action, or suits of any kind or nature, including claims for any and all injury and property damage or loss sustained as a result of any accident which may occur during the Marysville Strawberry Festival Pageant. That this release is expressly intended to cover and include all claims, civil or otherwise, past, present or future, which can or may ever be asserted by the undersigned, their heirs or others as a result of injuries, illness, disease or damage to property of aforesaid person or the effects or consequences thereon. The undersigned hereby declares that the terms of this agreement have been completely read and are fully understood and voluntarily accepted.

\_\_\_\_\_  
Royalty Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Royalty Candidate

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Phone Number



## Marysville Strawberry Festival April Friesner Memorial Scholarship Pageant 2019 RELEASE FORM

Dear Parent/Guardian;

In accordance with the Federal Law called "The Family Educational and Privacy Act", Maryfest, Inc., the sponsoring organization of the Marysville Strawberry Festival, would like to ask for your permission to obtain the following information on the Royalty Candidate for use in the Marysville Strawberry Festival April Friesner Memorial Royalty Scholarship Pageant:

*Candidate's Name, Parent's/Guardian's Name, Age & Date of Birth, Major field of study, Athletic, Club & organizational participation, Scholastic Honors, GPA, Attendance record, Award nominations and received, and any other information deemed necessary.*

Some of the above information will be used for publicity purposes and by Judges throughout the Pageant process. In addition, your approval is needed for us to gain access to your student's transcripts from their school. This information **WILL NOT** be given or sold to the any other organizations or businesses.

I hereby give my authorization to release information to Maryfest, Inc. the sponsoring organization of the Marysville Strawberry Festival.

\_\_\_\_\_  
Candidates Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years old)

\_\_\_\_\_  
Date

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**Request for GPA & Attendance Release**

I, \_\_\_\_\_, do hereby give permission for Maryfest, Inc. to verify my GPA and Attendance records from the school I attend.

\_\_\_\_\_  
Candidates Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian Signature (if under 18 years old)

\_\_\_\_\_  
Date

## Marysville Strawberry Festival April Friesner Memorial Scholarship Pageant 2019

### AUTHORIZATION FOR MEDICAL TREATMENT

We, the undersigned, \_\_\_\_\_ (Parent/ Guardian) having legal custody of \_\_\_\_\_ (Royalty Candidate), a minor, do hereby authorize any medical services that may be rendered to the minor under general or special instructions of the Physician \_\_\_\_\_ M.D. whether such diagnosis and/or treatment is rendered at the office or said physician or at a licensed hospital. In the event that there is no family physician, we authorize the Marysville Strawberry Festival dba Maryfest, Inc. Representative to secure appropriate medical attention. It is understood that this consent shall remain in effect until April 30, 2019 or is revoked in writing by the undersigned.

\_\_\_\_\_  
Parent/ Legal Guardian Signature Date

\_\_\_\_\_  
Witness Signature Date

Royalty Candidate Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Date of last Tetanus Booster \_\_\_\_\_

Allergies (Medications, Food, etc.) \_\_\_\_\_

Present Medications: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

\_\_\_\_\_  
Parent/ Legal Guardian Name Relationship

\_\_\_\_\_  
Home Phone Work Phone Cell Phone

\_\_\_\_\_  
Parent/ Legal Guardian Name Relationship

\_\_\_\_\_  
Home Phone Work Phone Cell Phone

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_





## SCHOLARSHIPS AWARDED

Queen or King

**\$ 5000**

Princess or Prince

**\$ 3500**

Bob Klepper Congenialty Award

THIS SCHOLARSHIP AWARD IS VOTED ON BY THE ROYALTY CANDIDATES

**\$ 500**

## Other Awards:

### SPIRIT AWARD

AWARD IS VOTED ON BY THE PAGEANT COMMITTEE MEMBERS

**Trophy**

### COMMUNITY SERVICE AWARD

AWARD BASED ON MOST COMMUNITY SERVICE HOURS ACCUMULATED  
COMBINED WITH AN ESSAY ON THE IMPORTANCE OF SERVICE

**Trophy**