

## SMITHFIELD HEALTH DAYS SCHOLARSHIP PROGRAM

Smithfield City sponsors the Health Days Scholarship program. This program is about having fun with young ladies your age, doing something different and trying something new.

The program criteria are as follows:

You must be a junior or senior in high school.

You must be a resident of Smithfield City.

You may NOT be engaged or planning on marriage this year.

You must represent Smithfield City in the parades throughout the year (approximately 12-15 parades).

You must participate in the Smithfield Health Days events scheduled for May 2017.

**APPLICATION SUBMISSION:** As a contestant in the program you will need to design a one-page (8 ½ X 11) information sheet. This is the first impression the judges will have in learning about you and will also be your first 10 points in the program. **Take your time and use your creativity in creating it.** The information page, pictures, and your entry form must be submitted to the Smithfield City Office by 4:30 p.m. on January 18, 2017, or postmarked by January 16, 2017.

### THE FOLLOWING INFORMATION NEEDS TO BE INCLUDED:

Name

Nickname

Hair Color

Eye Color

Height

Number of siblings

1. Give a brief personal history.
2. List any extra-curricular or community activities in which you have participated.
3. List any honors or awards you have received.
4. Give a brief statement of one goal you want to accomplish this year.
5. Who would you consider as a role model or “modern day hero” and why.
6. Indicate your talents and hobbies and how you became interested in them.
7. What do you like most about living in Smithfield?
8. If you had nothing pressing you for time and energy, what would you do?

**\*\*\*PLEASE SUBMIT WITH YOUR ENTRY FORM, ONE (1) 5X7 and ONE (1) WALLET SIZED PHOTO.**

(Please no “snapshots”, the 5 X 7 photos will be displayed at the city office a few weeks prior to the program and will be returned at the end of the program on March 11, 2017).

We look forward to working with you as you participate in this wonderful program. If you have any questions please contact Cathy Brooksby at 435-563-6674 or [cathy@brooksby.com](mailto:cathy@brooksby.com).

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ENTRY FORM

Please print:

Name\_\_\_\_\_

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

Address\_\_\_\_\_

\_\_\_\_\_

Email\_\_\_\_\_

Age\_\_\_\_\_ Year in School\_\_\_\_\_

Date of Birth\_\_\_\_\_

Community Service\_\_\_\_\_

\_\_\_\_\_

Parents or Guardians\_\_\_\_\_

\_\_\_\_\_

Contestant's Signature \_\_\_\_\_

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