

**Ramona Museum of California History
Ramona Parlor #109
Native Sons of the Golden West**

Scholarship Competition Application

- () Fourth Grade Mission Competition
() High School Public Speaking Contest

Contestant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Email _____@_____

School: _____

Teacher: _____ Grade Level _____

Name of Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

I have read and understand the rules of the competition I am entering.
I agree to abide by the rules. I have spoken to my parents about the
competition and they have agreed to allow me to enter.

Signed (Student) _____ Date _____

Signed (Parent/Guardian) _____

Fax or mail completed applications to:

**Ramona Museum of California History
P.O. Box 292
San Gabriel, California 91778**

(626) 288-2026

Fax (626) 288-0339

Rosemarie Lippman