

April Friesner Memorial

Royalty Scholarship Program

2024

Thank you for your interest in participating in the April Friesner Memorial Royalty Scholarship Program! After receipt of your application, the Strawberry Festival Board will verify the required qualifications, and you will then be notified of your status as a candidat, There will be no Pageant; instead the Royalty will instead be chosen based wholly upon their ability to write and present a speech to various community groups. After the community group has voted, the results will be tallied by an independent party and the winners will announced at the crowning ceremony.

We invite you to develop your leadership and public speaking skills, work with a variety of people, and to travel throughout Washington state, Oregon, and Canada (pending restrictions), representing the Marysville community!

As a member of the Royalty court, you will be the official host of the Strawberry Festival, which is held in June. The court will travel to many other community festivals representing Marysville during a one-year reign. Each Royalty Court Ambassador receives scholarship monies (Queen/King \$5,000; Prince/ss \$4,500). A Bob Klepper Congeniality Award for \$500 is also awarded. Each Royalty will receive a crown, sash and clothing. If you are willing to commit your time and energy to representing your community, the rewards and opportunities will be endless.

Please email or have postmarked your completed and signed application packet by Dec. 31, 2023.

maryfest.org@gmail.com or

Maryfest Inc.

P.O. Box 855

Marysville, WA

98270

For more information, please contact the Maryfest Office at (360) 659-7664.

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 the flyer should not be considered a recommendation or endorsement of the program by the districts. 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, including all costs, attorney fees and judgements or awards.



2024 QUALIFICATIONS/REQUIREMENTS

for the Marysville Strawberry Festival Royalty Scholarship Program

- Applicants must be homeschooled or attend or live within the Marysville/Lakewood School District boundaries
- Applicants MUST have a family member/Legal Guardian (over 21) able to attend parades if requested
- Applicants must currently be a high school Junior or Senior
- Applicants must have a cumulative GPA of at least 3.0
- Applicants must have a cumulative attendance record of 90%
- Applicants must be of good moral character, cannot be married, cannot have children or be pregnant during
- Applicants cannot cohabitate with an intimate partner
- Applicants will at no time drink alcoholic beverages, smoke or vape in public, or knowingly participate in any illegal activity or detrimental behavior. Breaking this rule will result in immediate dismissal from the program
- The official Marysville Strawberry Festival Royalty Court will consist of four (4) Royalty members
- Once the 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 year reign. Monies are for books and tuition only and must be used within 3 years of graduation from high school. Scholarship monies will be sent directly to the chosen college/university

I have read the above rules and would like to submit my application to run as a candidate for the Marysville Strawberry Festival Royalty Program. To the best of my knowledge I meet all of the qualifications/requirements presented in the application and will adhere to the rules as set forth, understanding that any violations of these rules means an immediate removal from participating in the program. 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 year, and will abide by the rules as set forth by Maryfest Inc. 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

ALL APPLICATIONS MUST BE SUBMITTED BY DEC. 31, 2023



ROYALTY APPLICATION

ALL APPLICATIONS MUST BE SUBMITTED BY DEC. 31, 2023

Please type or print clearly: Mailing address: _____ Street address (if different from above): City: _____ State: ____ Zip: ____ Home phone: Cell Phone: _____ Mother's Name: _____ Father's Name: _____ Guardian: Parent/Guardian email: ______ Contact Number: _____ Brother's Name(s) & Age(s): Sister's Name(s) & Age(s): School attending: _____ Grade: Junior () Senior () Female () Male () Accumulative GPA _____ Cumulative Attendance %_____ I am currently employed at: _____ Supervisor's Name:

PLEASE INCLUDE A LETTER OF RECOMMENDATION WITH COMPLETED APPLICATION

Work Phone:

ROYALTY APPLICATION

Cont'd

Your favorite subject in school & why:
Clubs & Organizations you belong to:
Awards & Honors you have received:
Awards & Honors you have received:
Community Involvement:
College or Vocational School you want to attend:
What is your ambition in life:
Interesting facts you want us to know about:



Please complete the following statement:

I understand that becoming involved in the Marysville Strawberry Festival April Friesner Royalty Scholarship Program and being part of the Royalty requires a large commitment of time as well as a serious commitment to the community. With this in mind, I know that I want to be involved because:				
_				



INDEMNITY FORM

KNOW ALL PERSONS BY THESE PRESENT: That the undersigned,	
(Royalty Candida	te's Printed Name), hereby releases,
The Maryfest Inc., dba as Marysville Strawberry Festival, hereby release the Lakewood School District, the City of Marysville and its voluntee and all claims, demands, damages, actions, causes of action, or suits any and all injury and property damage or loss sustained as a result the Marysville Strawberry Festival. This release is expressly intende otherwise, past, present, or future, which can or may ever be assert others as a result of injuries, illness, disease, or damage to property consequences thereon. The undersigned hereby declares that the transcription completely read and are fully understood and voluntarily accepted.	ers, employees, and agents of and from any sof any kind or nature, including claims for of any accident which may occur during d to cover and include all claims, civil or ed by the undersigned, their heirs, or of aforesaid person or the effects or
Royalty Candidate's Signature	Date
Printed Name of Royalty Candidate	Phone Number
Parent/Guardian Signature (if Candidate is under 18 years old)	Date
Printed Name of Parent/Guardian	Phone Number

ALL APPLICATIONS MUST BE SUBMITTED BY DEC. 31, 2023



PARENTAL PERMISSION/RELEASE FORM

Dear Parent/Guardian:

In accordance with the Federal Law called "The Family Educational and Privacy Act", Maryfest, Inc., dba 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 Program:

Candidate's Name, Parent's/Guardian's Names, Age & Date of Birth, Major field of study, Athletic, Club & organizations 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 Program process. In addition, your approval is needed for us to gain access to your student's transcripts from their school. This information <u>WILL NOT</u> be given or sold to any other organizations or businesses.



AUTHORIZATION FOR MEDICAL TREATMENT/RELEASE

We, the undersigned,		(Parent/Guardian's Printed Name) having legal custody of	
		nted Name), a minor, do hereby authorize any medical services	
		ons of the Physician M.D.	
_		an or at a licensed hospital. In the event that there is no family	
	· · · · · · · · · · · · · · · · · · ·	stival Representative to secure appropriate medical attention. It	
is understood that this consent sh	nall remain in effect until Oct. 31, 20	024 or is revoked in writing by the undersigned.	
Parent/Guardian Signature (if Car	ndidate is under 18 years old)	 	
Tarenty Guardian Signature (ii car	ididate is under 10 years oldy	Bute	
Witness Signature		Date	
Royalty Candidate's Full Name: _			
Date of Birth:		Date of last Tetanus Booster	
Date of Covid-19 vaccines:	Date of Covid-1	9 Booster (if applicable):	
Allergies (Drugs, Food, etc. If NON	NE, write "NONE"):		
Present Medications:			
Emergency Phone Numbers:			
Parent/Guardian Name		Relationship	
Home Phone	Work Phone	Cell Phone	
Parent/Guardian Name		Relationship	
Home Phone	Work Phone	Cell Phone	
Family Physician:		Phone:	
Address:			
Dentist:		Phone:	
Address:			

PLEASE NOTE: The following is the 2024 parade schedule! *Dates may change. This is to give you an idea as to what the commitment for the parade season will consist of:

FESTIVAL NAME & CITY

NOTE*

Daffodil Festival ALL 4 Parades

Wenatchee Apple Blossom Parade

Sequim Irrigation Festival

Pt Townsend Rhododendron Festival

New Westminster Hyack, Canada, Festival

*If Border open

Portland Starlight Parade

Marysville Strawberry Festival

Pt Orchard Fathoms of Fun Parade

Olympia Capital Lakefair

Chinatown Parade

Seattle Seafair Torchlight Parade

Lake City Parade

Leavenworth Autumn Leaf Festival

Other commitments include but are not limited to: Crowning ceremony, photo shoots, and practice sessions for possible float dance.