



Monmouth County Cotillion  
Committee Inc.

**APPLICATION**

*Please type or print neatly*

Name of Applicant \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Social Security # \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian - Name \_\_\_\_\_

Parent/Guardian - Evening Phone (\_\_\_\_\_) \_\_\_\_\_

High School \_\_\_\_\_

Guidance Counselor - Name \_\_\_\_\_

Guidance Counselor - Phone (\_\_\_\_\_) \_\_\_\_\_

Career Choice (Sr. Debutantes and Escorts only)

\_\_\_\_\_

College Preference (Sr. Debutantes and Escorts only)

\_\_\_\_\_

**Reference**

*Reference #1*

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

*Reference #2*

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/ Legal Guardian**

\_\_\_\_\_  
**Date**

**MAIL APPLICATION AND LETTERS OF REFERENCE ALONG WITH \$50 NON-REFUNDABLE  
APPLICATION FEE (MONEY ORDER ONLY) TO MCCI**

[www.monmouthcountycotillion.org](http://www.monmouthcountycotillion.org)