



222 New Road, Suite 700
Attention Doreen Gordon
Linwood, New Jersey 08221
Tel: 609-653-8700 Fax: 609-653-8751

SCHOLARSHIP REQUEST FORM

This form should be completed for the awards won as a result of competing in a state or local pageant but are paid by MAO on their behalf. The completed form should be forwarded with all supporting documentation to your Executive Director for approval. Upon approval, the signed form and all required documentation will be forwarded by the director to the Miss America Organization National Office. Any forms without all required documentation cannot be forwarded to the Foundation for final approval and payment.

This form applies to the state and local scholarship awards listed below:

Form with fields for: State in which you received Award, Local in which you received Award (if applicable), Year Awarded, Your Name & Address, Daytime Telephone #, Please check type of award (Academic, Community Service, State CMN, Local CMN, Academy of Honor, Golf Tournament, State Anniversary Grant, State Matching Grant), and SS#.

PLEASE COMPLETE APPROPRIATE SECTION PER STATE RULES AND REGULATIONS

I Tuition/Room & Board - must be paid directly to College/University

Attached is a current detailed tuition statement from a College/University. For payment of room and board, tuition statement must show full-time status of 12-credit hrs. If living on campus, housing must show on the tuition statement. School address/or property rental address on where the payment is to be mailed should be clear.

Amount requested is \$ _____

II Part or all of your scholarship may be applied towards student loans - paid directly to lender

Attached is a current bill from the lending institution, (bill must show payment address), copy of the promissory note(s) reflecting you are the primary or secondary payer of the loan, and official transcript which show the completion of the coursework.

Amount requested is \$ _____

I understand payment for this request may take at least three weeks _____

Approval of State Executive Director: _____ Signature of recipient Date: _____

Approval of Local Executive Director: _____ Date: _____