

APPLICATION for a LOCAL Competition of the
Miss Pennsylvania Scholarship Foundation, Inc.

** Please Type All Information on One Page Without Changing the Format & Complete ALL areas. **

This Application is NOT seen by the judges. This Application is to be used at all local competitions in PA.
Name your file: Application.Miss_LAST NAME, First Name

List the Title(s) You Are Competing For:

Date of Application: _____ Competition Date: _____
Full Name: _____ AGE: _____ Date of Birth: _____
Home Address: _____ Age as of December 31, 2020: _____
City/State/Zip: _____

1st Phone: _____ Cell Phone: _____
1st Email: _____ Second Email: _____

College Name: _____
College/Residence Address: _____
City, State & Zip: _____

SOCIAL IMPACT TITLE:

TALENT: (90 Seconds or Less) - Must Fill Out the Talent Form that is sent separately.

Type of Talent: _____
Title of Music: _____

EDUCATION:

High School Name: _____ Year Graduated: _____
College Name: _____ Year Graduated: _____
Date of Enrollment: _____ Full Time? Yes No Year In School: _____
Major Course of Study: _____ Degree Sought: _____

EMPLOYMENT: Employer's Name & Address: _____
Job Title: _____ Date of Hire: _____

Children's Miracle Network Hospitals:

Donated Hours: _____
Money Fundraised: _____

Candidate Social Impact Issue:

Donated Hours: _____
Money Fundraised: _____

PARENTS:

Mother's Full Name: _____ Hometown: _____ Phone: _____
Father's Full Name: _____ Hometown: _____ Phone: _____

All data must be factual. The failure to provide factual information may result in your disqualification from the pageant.

Applications accepted on a first come first serve basis.

In completing this application, I give permission to the local competition organization to use my photographs and any videos taken for any and all purposes as a candidate of this local organization. Please understand that it is not always possible to receive photo credit. This application may be shared with other Miss Pennsylvania Local Directors of the MAO.

Signature of Candidate: _____ **Date:** _____

Please sign and send the Application via U.S. Postal Mail to the local director. Also send to the local director's email address.