



2018 MISS AMERICA ACADEMIC AND COMMUNITY SERVICE SCHOLARSHIP APPLICATION

TYPE OR PRINT ALL INFORMATION EXCEPT FOR SIGNATURES. If the space provided in any section proves inadequate, information may be continued additional sheets of paper and attached to the application.

The scholarship application postmark deadline is dependent on the date of your State Competition:

- April 1st postmark deadline for all State Competitions held between April 28th and May 6th
• April 15th postmark deadline for State Competitions held between May 7th and June 9th
• May 2nd postmark deadline for State Competitions held between June 10th and June 17th
• May 16th postmark deadline for State Competitions held on June 18th and June 30th

For Scholarship America Use Only

Table with 9 columns: I.D.#, RIC/CS, GPA, SATCR, SATM, SATW, ACTC, CS, TOTAL

APPLICATION SUBMITTED FOR (check one)

- \_\_\_\_\_ Academic Scholarship (Only Section "A" required)
\_\_\_\_\_ Community Service Scholarship (Only Section "B" required)
\_\_\_\_\_ Consideration for both Scholarships (Both Sections "A" and "B" required)

APPLICANT DATA

NAME Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_
PERMANENT HOME MAILING ADDRESS Number \_\_\_\_\_ Street \_\_\_\_\_ Apartment # \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
BIRTH DATE Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

LOCAL COMPETITION

Name of Local Competition \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_
Name of Local Executive Director \_\_\_\_\_
Location of Local Competition: City \_\_\_\_\_ State \_\_\_\_\_

SCHOOL DATA

Name of High School attended \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_
Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_
Cumulative Grade Point Average/4.0 scale \_\_\_\_\_

Name of College attended \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_
Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_



Cumulative Grade Point Average/4.0 scale \_\_\_\_\_ Major \_\_\_\_\_

**STATE EXECUTIVE DIRECTOR ONLY:**

I certify that \_\_\_\_\_, the applicant named above, is a contestant in the 2018 competition for the State of \_\_\_\_\_.

State Executive Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION "A" MISS AMERICA ACADEMIC SCHOLARSHIP**

**ACADEMIC RECORDS**

A complete transcript of grades must be sent with this application. Grade reports are not acceptable.

1. **Applicants previously enrolled in college, graduate school, or vocational-technical school must include all college or vo-tech transcripts of grades from each school attended. On-line transcripts must display student name, grade and credit hours earned for each course, and term in which each course was taken (completion of high school information below is not necessary).**

Or:

2. **High school seniors and students who have completed less than one full quarter or semester of postsecondary education must include a high school transcript of grades and have this section completed by the appropriate school official. (A clear explanation of the high school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative grade point average	SAT			ACT				
	Weighted _____/4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
	Unweighted _____/4.0 scale								

**School Official Only:** Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION "B" MISS AMERICA COMMUNITY SERVICE SCHOLARSHIP**

**VOLUNTEER COMMUNITY SERVICE**

1. Describe your involvement with the Children's Miracle Network Hospitals.
2. **If you have one,** also describe your personal platform or community service project



(Your descriptions should be approximately 500 words on the combined projects. Be sure to label each page with your name and address.)

What motivated your initial interest in this area? Did you develop this program? What has been your involvement and explain the time frame in which you have been involved. What have been the effects of your service or project upon your community? What are the long-term results? How have you personally benefited from participation in this project?

3. Two letters of recommendation are required from individuals who can evaluate your community service project. Both letters should include the writer's name, address, and telephone number.
  - One letter should be from a coordinator, supervisor, or civic leader who can evaluate your contribution to and involvement in community service.
  - The second letter should be from an individual or organization that has benefited from your community service project.

#### **APPLICATION CHECKLIST**

The application for a scholarship becomes **complete and valid only** when you have sent all the following:

- Student Application
- Current Transcript(s) of Grades (required for Academic Scholarship)
- Letters of Recommendation (required for Community Service Scholarship)

Applicants are responsible for submitting all required materials complete in one packet to **Scholarship America**, not the Miss America Foundation, by the postmark deadline. Additional materials are not required or reviewed and will not be returned.

#### **ALL MATERIALS FOR THE ACADEMIC AND COMMUNITY SERVICE SCHOLARSHIPS MUST BE SUBMITTED TO:**

Miss America State Scholarship Program  
c/o Scholarship America  
One Scholarship Way  
Saint Peter, MN 56082

Please see your State Executive Director for the Scholarship Application's postmark deadline.

#### **SELECTION OF RECIPIENTS**

Scholarship America has the sole responsibility for selecting recipients, basing its decisions on criteria as set forth in descriptive information about the program. Through your submission of the application, you agree that the decisions made by Scholarship America are final.

#### **CERTIFICATION**

# Miss America

FOUNDATION

In submitting the application, I certify that the information is complete and accurate to the best of my knowledge. If requested, I agree to give proof of the information I have given on this form. Falsification of information may result in termination of any scholarship(s) granted. This application becomes the property of Scholarship America. In addition, I confirm that I will compete as a State, District of Columbia, or Puerto Rico contestant.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

(Note: Parental/Guardian signature is required only if applicant is under 18 years old.)