

Attachment A

Supplemental Fact Sheet

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Father's Name: _____

Mother's Name: _____

Brothers and Sisters:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Other interesting facts about yourself: _____

The Miss _____ Organization encourages the young women who participate in the Program to become involved in the community by supporting the Children's Miracle Network. In addition to CMN, if you choose to support a personal issue, what personal issue would you want to address during your Year of Service?

Attachments (check here if included):

- Copy of Birth Certificate (Section 2.2.)
- Proof of Residence (Section 2.3.1.)
- Copy of College Transcript (Section 2.3.2.1.)
- Copy of College Registration for Current Classes (Section 2.3.2.2.)
- Copy of College Degree (Section 2.3.2.3.)
- Copy of Graduate School Transcript (Section 2.3.2.4.)
- Copy of Graduate School Registration for Current Classes (Section 2.3.2.5.)
- Copy of Graduate School Degree (Section 2.3.2.6.)

Initials