

Attachment A

Supplemental Fact Sheet

Page 1

Local / State Title: _____ **Platform:** _____

Full Name (as you wish it listed in Program Book): _____

Date of Birth: _____ **Age:** _____

Home Telephone Number: (_____) _____

Email Address: _____

College Information (if appropriate):

Name of College/University: _____

Year Graduated: _____

College Major: _____

Declared Minor: _____

Scholastic Honors: _____

Scholastic Ambition: _____

Career Ambition: _____

Graduate School Information (if appropriate):

Name of College/University: _____

Degree Sought: _____

Dates of Attendance: _____

Current Status: _____

Other Accomplishments: _____

What type of talent will you present? _____

(You need not give the exact title of your talent presentation. Merely indicate if you will dance (ballet, tap, etc.), sing (classical, popular, etc.), play a musical instrument (which one?), perform a comedy reading, dramatic skit, etc.)

Initials _____

Date _____

Attachment A

Supplemental Fact Sheet

Page 2

Special training in music, drama, dance, art: _____

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)
- Official College Transcript (Section 2.3.2.1)
- Official Transcript of College Registration for Current Classes (Section 2.3.2.2)
- Copy of College Degree (Section 2.3.2.3)
- Official Graduate School Transcript (Section 2.3.2.4)
- Official Transcript of Graduate School Registration for Current Classes (Section 2.3.2.5)
- Copy of Graduate School Degree (Section 2.3.2.6)
- Employer W-2 Form (Section 2.3.3)
- Income Tax Filing (Section 2.3.3)

Initials _____
Date _____