



SCHOLARSHIP REQUEST FORM – Student Loans

Please email all documents to: scholarships@missgh.org, CC: kbradley@missgh.org.

This is to certify that I, _____ (print name), am registered for classes as a student at _____.

My scholarship should be mailed to (must be paid directly to your lender):

INSTITUTION NAME: _____

OFFICIAL CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTESTANT PHONE: _____

CONTESTANT EMAIL ADDRESS: _____

_____ (Year) PAGEANT SCHOLARSHIP AWARDS/AMOUNTS REQUESTED:

- 1. Award _____ Amount: \$ _____
- 2. Award _____ Amount: \$ _____
- 3. Award _____ Amount: \$ _____
- 4. Award _____ Amount: \$ _____
- 5. Award _____ Amount: \$ _____

TOTAL AMOUNT REQUESTED: \$ _____

Contestants have one calendar year from the pageant date to request scholarship funds. Titleholders have one calendar year after end of reign to request scholarship funds. To be eligible to receive scholarship, this form MUST be fully filled out and emailed to BOTH emails above. We will not accept hard copies of this form. The email will serve as a date and time stamp. If you do not receive a response within 72 hours, we did not receive the document. Please attach three mandatory items. (1) A current bill from a bona fide third-party lending institution (bill must show payment address, student name, and loan number). (2) A copy of the promissory note(s) reflecting you are the primary responsible payer of the loan. (3) An official transcript which shows the completion of the coursework.

I understand the rules and regulations of the use of my scholarship, and I agree to abide by them.

CONTESTANT'S SIGNATURE: _____ DATE: _____