



SCHOLARSHIP REQUEST FORM – Tuition / Room & Board

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 the college/university):

INSTITUTION NAME: _____

OFFICIAL CONTACT PERSON: _____

ADDRESS OF SCHOOL: _____

CITY: _____ STATE: _____ ZIP: _____

STUDENT ID NUMBER: _____ 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 a copy of your current tuition statement, date stamped. For payment of on-campus room and board, tuition statement must show full-time status of 12-credit hours and be reflected on the detailed school billing.

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

CONTESTANT'S SIGNATURE: _____ DATE: _____