



# MISS AMERICA SCHOLARSHIP REPLY FORM

TWO MISS AMERICA WAY, SUITE 1000  
ATLANTIC CITY, NEW JERSEY 08401  
TEL: 609-345-7571  
FAX: 609-347-6079

This form completed, should be forwarded to your State Executive Director for approval of scholarship payment per the State Rules and Regulations. Once you receive your approval from your State Executive Director, forward all information to the Miss America Organization National Office:

Return To: Dereen Gordon-Assistant Controller  
Miss America Organization  
Miss America Way, Suite 1000  
Atlantic City, NJ 08401

Please note this form only applies to the state scholarship awards listed below:

State in which you received Award: \_\_\_\_\_

Year Awarded \_\_\_\_\_

Amount: \$ \_\_\_\_\_  
Of award

Your Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check type of award:

- Academy of Honor \_\_\_\_\_
- Golf Tournament \_\_\_\_\_
- State Anniversary Grant \_\_\_\_\_
- State Matching Grant \_\_\_\_\_
- State Academic \_\_\_\_\_
- State Community Service \_\_\_\_\_

SS# \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
TEL# \_\_\_\_\_  
Fax # \_\_\_\_\_

## PLEASE COMPLETE APPROPRIATE SECTION:

**Part or all of your scholarship may be applied towards tuition/room & board**

Amount requested is \$ \_\_\_\_\_.

Attached is a current tuition statement from university.

**For payment of room and board tuition statement must show full-time status of 12-credit hrs.**

**Copy of lease agreement. If living on campus housing must show on the tuition statement.**

School address /or property rental address on where the payment is to be mailed.

\_\_\_\_\_  
\_\_\_\_\_

**Part or all of your scholarship may be applied towards student loans.**

(If covered under the rules and regulations of the state)

Attached are a current bill and/or bills from the lending institution. (Must show payment address)

Amount requested is \$ \_\_\_\_\_.

Copy of the promissory notes which show you are the primary or secondary payer of the loan.

Official transcripts, which show the coursework, were completed.

**Please reimburse me for the current expenses I have paid in this fiscal year.**

Enclosed is a copy of the bill.

Total amount requested is \$ \_\_\_\_\_.

Original receipts\* if paid by other then cash or credit card a cancelled check (front and back) must accompany the receipt.

I understand payment for this request may take at least three weeks \_\_\_\_\_.

Signature of recipient

Approval of State Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_