

The Miss California Organization

REQUEST FOR DISBURSEMENT OF MISS CALIFORNIA PAGEANT SCHOLARSHIP AWARD

I, (name) _____ Social Security # _____

who participated as **MISS** _____

in the 200__ Miss California Pageant, was awarded scholarships totaling \$ _____ during participation in that pageant for the following awards: _____

(List the name and amount of each award that totals the above amount i.e. Participant - \$1000; 2nd Runner-Up - \$2250; Interview Award - \$1000, etc.)

I am registered for classes as a: Full time Student **OR** Part time Student
(If part-time, student must provide proof of employment)

at _____
(Name of Institution)

and now request disbursement of all or part of the scholarship awarded in that pageant. I have read and understand all of the "Scholarship Rules and Policies". **Enclosed in this package are the following, OR an explanation if NOT ENCLOSED** (i.e. if being mailed under separate cover from another source):

- Certification of Registration from the school
- Original receipts or bill statement from the school totaling \$ _____
(Amount being requested at this time)
- Letter from local pageant confirming completion of local scholarship

MY CURRENT PHONE NUMBER WITH AREA CODE IS: _____

MY CURRENT E-MAIL ADDRESS IS: _____

MY CURRENT MAILING ADDRESS WHERE THE CHECK IS TO BE SENT IS:

Street Address Apartment Number

City State Zip

Please send this form along with the required documentation to:

Stacy Margolin, Miss California Scholarships, 12600 Euclid Street #22, Garden Grove, CA 92840

Questions? E-mail: PSOStacy@aol.com