

The Miss California Organization

INSTRUCTIONS TO LOCAL PAGEANT EXECUTIVE DIRECTORS WHO HAVE LOCAL SCHOLARSHIP FUNDS WITH SCHOLARSHIP ASSOCIATES:

DO NOT instruct your award recipient to apply for these awards. **Stacy will deal with ONLY the Executive Director on the distribution of your local awards.** Stacy's contact number: (714) 539-6131 E-Mail: PSOStacy@aol.com

THERE IS A DIFFERENCE BETWEEN THE WAY LOCAL AWARDS ARE DISTRIBUTED AND HOW STATE AWARDS ARE DISTRIBUTED. PLEASE DO NOT GET THEM CONFUSED.

In the case of State Scholarships awarded to your titleholder after her participation in the state pageant, Stacy will deal directly with the contestant and you do not need to be involved. BUT I CAN NOT AND WILL NOT deal with a cadre of local girls (NON titleholders) who I know nothing about and on whom I have no records. Again, please do NOT give these girls my address, etc.

There are only two pieces of paper you need to send me:

1. The attached form must be sent to me before any check will be written and sent to anyone. I believe it is self-explanatory, but please feel free to call me with any questions.
2. If you will be requesting more than one scholarship in a pageant year, please send me a list of all your recipients and the amounts of their awards for which you are expecting me to be responsible for paying in the near future.
3. Please inform me as to the total amount of dollars that you have deposited in the Scholarship Associates with Bob Arnhym. (Note: I do not make any deposits on this account, you must complete that step with Bob, not me.) **OR** make it very clear what Miss America award you received and when it was received (for what pageant year).

**DO NOT SEND ME ANY OTHER DOCUMENTS OTHER THAN THE
ABOVE TWO PIECES OF PAPER. THANK YOU!!!**

The Miss California Organization

REQUEST FOR DISBURSEMENT OF LOCAL PAGEANT FUNDS HELD BY SCHOLARSHIP ASSOCIATES

Rev 4/02

Local Pageant _____

Executive Director _____ E-Mail: _____

Phones: Work (if OK): _____ Home: _____

Signed by Executive Director

Date

It is **your responsibility to keep the backup info** that assures that this contestant has complied with all of the local and state pageant scholarship rules. This form is **all that is needed** to have Scholarship Associates make out a check to the school and send to your award recipient. **DO NOT** send backup documentation. Please see attached instructions.

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Name of Contestant _____

Year Completed _____ Title (Miss, 1st RU, or name of special award, etc.) _____

Social Security Number _____

Permanent Address:

Address

Apartment Number

City

State

Zip Code

****THE CHECK AND TRANSMITTAL LETTER WILL BE SENT TO THIS ADDRESS****

Amount being requested with this form \$ _____

(Full amount preferred. If not full amount, must be at least ____ of the total awarded to this contestant)

Total Amount of Scholarship Awarded: \$ _____

Balance of Award for this Contestant: \$ _____

Funds are coming from the following source(s):

Local funds held in trust by Scholarship Associates

Miss America funds awarded for local pageant growth

Check made out to: _____

(MUST BE AN ACCREDITED INSTITUTION OF HIGHER LEARNING)

Every blank must be completed before this form will be processed!

Send to: Stacy Margolin, Scholarship Chairperson, 12600 Euclid Street #22, Garden Grove, CA 92840, E-Mail: PSOStacy@aol.com