Miss CALIFORNIA'S OUTSTANDING TEEN Competition

Local Competition SCHOLARSHIP Report

Form 103-T

_____ **Outstanding Teen Competition** **Year:** _____

Name of Award	Contestant Name Please Type or Print	Type of Scholarship Cash, Savings Bond, Scholarship, In-kind	Scholarship Amount Current Cash Value Only
Winner	_____	_____	$ _____
1st Runner-up	_____	_____	$ _____
2nd Runner-up	_____	_____	$ _____
3rd Runner-up	_____	_____	$ _____
4th Runner-up	_____	_____	$ _____
_____	_____	_____	_____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
		Total Cash	$ _____

THIS FORM MUST INCLUDE ALL CASH SCHOLARSHIPS AWARDED AND THE NAME OF THE RECEPIENT

Attach separate sheet(s) if needed for additional names and scholarship amounts

Are your scholarship awards listed in your program? ❑ **Yes** ❑ **No**

If NO, why not? _____

_____

Value of awards other than cash (gift certificates, wardrobe etc.) **$** _____

Who is paying state entry fee? ❑ **Local Committee** ❑ **Contestant** ❑ **Other** _____
Name

Submitted by: _____
Name

_____
Title