

The Miss California Organization

REQUEST FOR REGISTRATION CERTIFICATION

The educational institution may provide a computer-generated
"Certification of Enrollment" instead of this form.

DATE: _____

This is to certify that _____

who was Miss _____ in the ___ pageant,

Social Security Number # _____, has registered for classes as a:

Full-time Student **OR** Part-time Student
(If part-time, student must produce further documentation)

at _____
(Name of Institution)

We have received the rules concerning the scholarship award made possible to her by the Miss California Pageant, and understand Rule #V concerning the refund policy.

The amount being requested at this time on behalf of the above student is \$ _____,
Which is the amount on the attached bill(s), **OR** the student is sending receipts under a separate cover.

Signed: _____
Name **Department**

Use this space for stamp or seal of your institution:

Please send this form or other certification from the school, along with corresponding bills or receipts to:

**Coleen Rockey, Miss California Scholarships
4190 La Fayette Place, Culver City, CA 90232
Questions? E-mail: c.rockey@att.net**