



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. Scholarship Chairman will deal with **ONLY** the Executive Director on the distribution of your local awards. Scholarship Chairman contact number: (310) 837-4793 E-Mail: c.rockey@att.net

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, Scholarship Chairman will deal directly with the contestant and you do not need to be involved. **SCHOLARSHIP CHAIRMAN CAN NOT AND WILL NOT DEAL WITH LOCAL CONTESTANTS (NON titleholders) who have competed and won various scholarships. DO NOT GIVE THESE CONTESTANTS THE SCHOLARSHIP CHAIRMAN'S CONTACT INFORMATION.**

There are only two pieces of paper you need to send to the Scholarship Chairman:

1. The attached form must be filled out in its entirety and mailed before a check will be written and sent to anyone. It is self-explanatory, but please feel free to contact the Scholarship Chairman with any questions.
2. If you will be requesting more than one scholarship in a pageant year, please send a list of all your recipients and the amounts of their awards for which you are expecting payment 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
TWO PIECES OF PAPER DESCRIBED
ABOVE. THANK YOU!!!**

The Miss California Organization

Form 323

REQUEST FOR DISBURSEMENT OF LOCAL PAGEANT FUNDS HELD BY SCHOLARSHIP ASSOCIATES

Local Pageant _____

Executive Director _____

Phones: Cell: _____ Home: _____ E-Mail: _____

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 1/2 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: Coleen Rockey, Scholarship Chairman, 4190 La Fayette Place, Culver City, CA 90232 E-Mail: c.rockey@att.net