



Application for MAF Disbursement of MAOTeen Scholarship Award(s)

Completion of this form and the attachment of the requested documentation are mandatory for the payment of all Miss America's Outstanding Teen Scholarship awards. Please allow forty-five (45) business days from the receipt of all required documentation for payments to be processed and paid.

The following information is required and must be attached to this document:

- Letter from Candidate requesting payment of scholarship award(s) to her College/University. Letter from the Candidate's State Executive Director/Teen Director verifying that ALL STATE AND LOCAL Scholarship awards have been exhausted, without forfeiture.
- Original detailed and current copy of tuition bill/invoice, showing a balance due. Zero balance tuition statements cannot be accepted. Bill/invoice must show all other scholarship assistance.
- A legible copy of Candidate's driver's license or state identification.
- A legible copy of Candidate's current transcript (if a first year student, high school final transcripts are acceptable).
- For information regarding your national MAOTeen scholarship award application please contact The Miss America Foundation Scholarship Director: Lani.Licalzi@missamerica.org.

Candidate Name *

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Prefix

First Name

Last Name

Suffix

Date of Application

Date of HS Graduation

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Phone Number *

Area Code

Phone Number

E-mail *

example@example.com

State Title

Crowning Year

Cumulative GPA *

Name(s)

First Name

Last Name

Email

example@example.com

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Area Code

Phone Number

State Executive Director/Teen Director

Name

First Name

Last Name

Email

example@example.com

Phone Number

Area Code

Phone Number

Educational Information

Name of Current College/Univ. *

Website Address of College/Univ.

School Billing Address (Where check should be sent)

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

School Billing Contact Person

First Name

Last Name

School Billing Contact Person Phone Number

Area Code

Phone Number

School Billing Contact Person e-mail

example@example.com

Student ID Number

Actual or Intended Major/Minor *

Please list all scholarships you won in your State while competing in any MAOTeen preliminary competitions: *

0/250

0/200

0/500

Signature (Please type your name) *

Date Completed

			
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Month Day Year

Date

			
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Month Day Year

Submit Form