

Miss South Carolina

Scholarship Organization, Inc.

2020 Supporting the Crown Form

Name: _____

Title: _____

Home Address: _____

City /Zip: _____

Home Phone: _____ Cell Phone: _____

School Address: _____

City/Zip: _____ School Phone: _____

Birthdate: _____ Age: _____

EVERY MISS AND TEEN CONTESTANT MUST FILL OUT THIS REPORT.

1. Number of Volunteer/Community Services Hours Working with CMNH: _____

2. Dollar Amount Raised for CMNH: \$ _____

NOTE: CMNH totals must be verified by attaching a copy of your contestant's log to this form. Go to www.missamericaforkids.org to print off a copy of your log.
REMINDER: Each Miss contestant is required to raise a minimum of \$500.00 before she can compete on the state level each Teen contestant is required to raise a minimum of \$250.00 before she can compete on the state level

1. Number of Other Volunteer/Community Service Projects: _____

List Project Name (Attach a separate sheet if more space is needed): _____

2. Number of Other Volunteer/Community Service Hours: _____

3. Dollar Amount Raised for Other Volunteer/Community Service Projects: \$ _____

1. Total Volunteer/Community Service Hours (CMNH and Other): _____

2. Total Dollar Amount Raised (CMNH and Other): \$ _____

List all local pageants you have competed in from July 2019 - March 2020 and scholarships awarded at each local:

Miss _____ Scholarship Amount Awarded \$ _____

Miss _____ Scholarship Amount Awarded \$ _____

Miss _____ Scholarship Amount Awarded \$ _____

Miss _____ Scholarship Amount Awarded \$ _____

CONTESTANT SIGNATURE _____