

Miss Capital Area's Outstanding Teen Scholarship Program  
Official Application – Page 1

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Parents Names: \_\_\_\_\_  
E-mail: \_\_\_\_\_ (Note if parents or your own)

CONTESTANT TALENT REQUEST (2 minute max length strictly enforced.) Registering your talent presentation is very important! If more than one contestant indicates the same selection, the contestant who first files her request has top priority for that selection!

TYPE OF TALENT: \_\_\_\_\_

FULL TITLE OF MUSIC YOU WILL USE WITH YOUR TALENT (include Broadway show title, movie, or literary work if applicable):  
\_\_\_\_\_

I \_\_\_\_\_ hereby apply to be a contestant in the 2011 Miss Capital Area's Outstanding Teen Program. I have filled out and include with this my application (page 1), my judge's fact sheet (page 2), and platform topic questionnaire (page 3). I also include the \$75 entry fee (\$65 if post-marked by August 31. Make checks payable to the Miss Capital Area Scholarship Program, Inc.).

All contestants must email a jpeg photo to [misscapitalarea@comcast.net](mailto:misscapitalarea@comcast.net) *and* [danceprogressions@myfairpoint.net](mailto:danceprogressions@myfairpoint.net).

OPTIONAL PHOTOGENIC CONTEST: *Leave this section blank if you choose not to enter the photogenic contest.*

I \_\_\_\_\_ hereby apply to be a contestant in the 2011 Miss Capital Area's Outstanding Teen Photogenic contest. I include a color 5 x 7 or larger photograph, and the \$15 entry fee (check made payable to the Miss Capital Area Scholarship Program, Inc.).

Contestant's signature \_\_\_\_\_ Date \_\_\_\_\_  
(you may type in your names here)

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(you may type in your names here)

Miss Capital Area's Outstanding Teen Scholarship Program Official  
Application page 2 - JUDGES' FACT SHEET

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Hometown: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of school: \_\_\_\_\_ Grade: \_\_\_\_\_

Platform Issue: \_\_\_\_\_

Type of Talent and song: \_\_\_\_\_

College & Career Ambitions: \_\_\_\_\_

Scholastic Honors: \_\_\_\_\_

School Activities: \_\_\_\_\_

Church and/or Community Activities: \_\_\_\_\_

Leadership Roles (if any): \_\_\_\_\_

Accomplishments/Awards: \_\_\_\_\_

Interesting Facts: \_\_\_\_\_

What do you do to stay physically fit? \_\_\_\_\_

What is your favorite thing to do after school? \_\_\_\_\_

Your favorite movie is: \_\_\_\_\_ book: \_\_\_\_\_

Who is your role model? \_\_\_\_\_

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Official Application – Page 3  
Platform Issue Questionnaire

Contestant Name: \_\_\_\_\_  
Platform Issue: \_\_\_\_\_

*Short Essay Answers:*

What is the issue you wish to advocate for during your year of service as Miss Capital Area's OT? Please describe in detail the issue as it impacts our society: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What have you done or are currently doing to help with this issue in your community/state?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What plans do you have in the future to help make difference with this cause/issue?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you use the title of Miss Capital Area's OT to benefit your cause?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_