

## 2020 State Titleholder Questionnaire

Please complete all of the following questions. If the answer is N/A or Zero, please indicate that. Do not leave any question blank.

You will submit the following questions via this link: <https://forms.gle/j5BjHeDSUb3Mfobc7>

Submit no later than June 28, 2020

**Miss or Teen:**

**Local Title:**

**Please write your name above as you wish it to appear in the Program Book**

**Hometown:**

**Social Impact Initiative/Platform:**

**Talent (Type):**

**Parents Names (How you want listed in the Program Book):**

**Birth Date:**

**Age as of September 1, 2020:**

**School Most Recently Attended (Please note if graduated):**

**Titleholder Cell Phone:**

**Titleholder Email Address:**

**T-Shirt Size (Adult Sizing):**

**I hereby give my permission to include my parent(s) on any future informational emails. \*If under 18, parent(s) will be included on email communications.**

**Parent #1 Name:**

**Parent #1 Cell Phone:**

**Parent #1 Email Address:**

**Parent #2 Name:**

**Parent #2 Cell Phone:**

**Parent #2 Email Address:**

**Total number of (unduplicated) community service hours performed during 12-month period of April 1, 2019 through June 28, 2020:**

**Total number of community service hours performed for CMN Hospitals:**

**Total amount of funds raised (Non-CMN Hospitals):**

# Miss Kansas

**Total amount of funds raised for CMN Hospitals:**

**Number of (unduplicated) community service projects or events this represents:**

**Since April 1 of 2019, list the community service projects or events you been involved with:**

