

2021 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/RrDY6hhbfsSZhq2A>

Submit no later than May 15, 2021

Miss or Teen:

Local Title:

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

Hometown:

Social Impact Initiative:

Talent (Type):

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

Birth Date:

Age as of June 1, 2021:

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:

Miss Kansas

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 24-month period of May 1, 2019 through May 1, 2021:

Total number of community service hours performed for CMN Hospitals:

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

Total amount of funds raised for CMN Hospitals:

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

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

