

Miss Kansas

Miss Kansas'
Outstanding
TEEN

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:

Miss Kansas

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

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