

## 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 April 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:**

Revised 2/2021

# 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:**