

**Miss University of Central Scholarship Competition  
Candidate Information Sheet**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(As you want in program book and announced during pageant)

Classification: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Major: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_

UCA Student ID number: \_\_\_\_\_

Parents: \_\_\_\_\_

Hometown: \_\_\_\_\_

Sponsor: \_\_\_\_\_

UCA Honors/Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Talent Type & Title: \_\_\_\_\_

Critical Issue: \_\_\_\_\_

**Number** of Organizations for which you volunteer: \_\_\_\_\_

**Names** of Organization for which you volunteer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated** number of volunteer/community services hours completed *monthly* for other organizations: \_\_\_\_\_

**Estimated** number of volunteer/community services hours completed *monthly* for **Children's Miracle Network**: \_\_\_\_\_

**\*\*\*This form may be completed in ink, but please write legibly\*\*\***