

Miss Georgia

Official Licensee of the Miss America Organization

CHILDREN'S MIRACLE NETWORK & COMMUNITY SERVICE INFORMATION

The Miss America Organization requires each local to submit pertinent information regarding each candidate's involvement in the community. Please provide any information regarding your involvement in local or hometown community and/or service projects completed during the current competition season.

If you have not had any involvement, please return this form and so indicate.

CANDIDATE'S NAME: _____

Social Impact Initiative _____

Name of Local Preliminary _____

Children's Miracle Network

Children's Miracle Network Service: Number of hours worked for CMNH _____

Amount of money raised for CMNH \$ _____

Comments: _____

Community Service Project (if different from CMN)

PROJECT NAME

Hours

Funds Raised

_____	_____	_____
_____	_____	_____
_____	_____	_____

Other comments or explanation of community service you feel relevant to report to the Miss America Organization:

_____ I have no community service to report.

I hereby affirm that the above information is correct and true to the best of my knowledge. I am aware that if any statements are willfully false, I am subject to punishment.

Signature _____ Date _____