Miss Rome/Northwest Georgia

Scholarship Competition

**2026 CONTESTANT APPLICATION /TALENT REQUEST**

**August 23, 2025**

**(Fillable Form)**

**CHECK ONE: [** [ ]  **] Miss Contestant (CY27 Age 18 – 28 - no older than 27 at state competition June 2026)**

 **[** [ ]  **] Teen Contestant (CY27 Age 14 – 18 - no older than 18 at state competition June 2026)**

**NAME**: Click here to enter text. **AGE**: Click here to enter text. **DOB**: Click here to enter text.

(How you want your name to appear in the newspaper, program, and social media)

**MAILING ADDRESS/CITY/ST/ZIP**: Click here to enter text.

**CELL PHONE**: Click here to enter text. **E-MAIL ADDRESS:** Click here to enter text.

**PARENT/GUARDIAN NAME(s):** Click here to enter text.

**ADDRESS/CITY/ST/ZIP**: Click here to enter text.

**PARENTS CELL PHONE**: Click here to enter text. **PARENTS** **E-MAIL ADDRESS:** Click here to enter text.

**SCHOOL NAME & YEAR IN SCHOOL:** Click here to enter text.

**TYPE OF TALENT**: Click here to enter text. **TITLE OF MUSIC SELECTION**: Click here to enter text.

(Dance, Piano, Vocal, Monologue, HerStory etc.) You may reserve now, if known. Subject to approval. Talent selections cannot be duplicated and will reserved based on date of receipt of candidate that registers first.

**COMMUNITY SERVICE INITIATIVE (CSI)**: Click here to enter text.

The above information is true and correct to the best of my knowledge. I agree to meet all deadlines set forth by the Miss Georgia Scholarship Competition and by the LOCAL board to which I am applying and further understand I must complete the following:

* **RETURN APPLICATION** to the Local Director of the competition for which you are competing. Information below.
* **IN ADDITION TO THE APPLICATION** apayment of **$75** is required before you will be allowed to compete in the local for which you are applying. This fee is paid directly to the local organization and is to be paid to each local in which you compete.
* **UNDERSTAND** that you must register with and pay annually **$49.99** to the Miss America Club Membership before you can participate in any local. <https://www.club.missamerica.org/ma-membership> This is a one-time annual payment that automatically renews each year on the join date, unless you cancel. Once you have paid the payment of the $49.99, you must register with MAO for every local.
* **FURTHER UNDERSTAND** that for every local you must have an account and profile on the AHA (American Heart Association) /GRFW (Go Red for Women) Spot Fund platform and raise a **minimum of $30** per local competition and $300 for State competition.
* **UNDERSTAND** that acceptance of the talent request will be granted according to the date the information is received by the person designated by the local competition for which you are applying. Talent must not exceed 90 seconds.
* **ALSO ACCEPT** that you are required to purchase (if you have not already done so) for the health & fitness phase of competition Rebel Red Athletic Wear from their Miss America Collection <https://www.rebelathletic.com/mao.html>
* **COMPLETE** all paperwork required by the local competition for which you are applying.

**Contestant Signature:** **Date:**

**Parent/Guardian Signature: Date:**

**HOLD HARMLESS AGREEMENT**

I hereby release the Miss Georgia Scholarship Competition and its Directors and the directors of all Local Competitions from any injury, loss, or theft sustained or resulting from my daughter’s participation in this competition.

**Parent/Guardian Signature:** **Date:**

**DEADLINE August 10th:** Deadline for receipt to be accepted as a contestant.

**MISS and TEEN delegates:** email to missromegacompetition@gmail.com **Questions:** Andrea Pitts 706-766-4887