



Miss Deaf Minnesota Pageant

We are very pleased that you are interested in applying for the 2009 Miss Deaf Minnesota Pageant. It promises to be an excellent opportunity for you to meet other people, to make new friendships and to gain rich experiences! The winner of the Pageant will represent the state of Minnesota in the Miss Deaf America Pageant. The winner will be responsible to serve as a role model throughout the state of Minnesota as a representative of the MADC (Minnesota Association of Deaf Citizens).

The committee is very busy preparing this pageant creating an exciting and memorable time that you will never forget – an enriching experience! The pageant will be held on June 26, 2009 at Holiday Inn, Saint Cloud, Minnesota.

Enclosed please find the following forms:

- Application
- Eligibility & Requirements

Please fill out the enclosed application form, read the Pageant Eligibility & Requirements form and sign at the bottom. Return both forms to me. Once the Miss Deaf Minnesota Pageant board reviews your application and approves your participation, you will be receiving an information packet.

I wish you the best of luck. Any questions or concerns, please contact me at mschomberg@gmail.com.

Sincerely,

Misty Schomberg, Contestant Coordinator

Please send both forms to:

Andrew J. Oehrlein, State Director
C/O Misty Schomberg
8470 Groveland Road
Mounds View, MN 55112



Miss Deaf Minnesota Pageant Application

Name: _____

Address: _____

Email address: _____

Pager Addresses: _____

Phone Number: _____ (VP or TTY)

Date of Birth: ____/____/____ Age: _____

Age of Onset of Deafness _____ Cause of Deafness: _____

Category of hearing Loss (mild, severe, profound): _____

Name of High School: _____ Year of Graduation _____

College(s) Attended (or will attend): _____

Major: _____ Degree: _____ Year of Graduation _____

Current Status at School (full-time/part-time): _____

Present Occupation or Future Ambition: _____

List Scholarships, Awards and/or Honors that you have received: _____

List organizations of which you are a member: _____

Your Hobbies and/or Interests: _____

Print Name (clear please): _____

Signature: _____

Date: _____