

50th MISS TEENAGE TAMPA SCHOLARSHIP PAGEANT

GAMMA THETA OMEGA CHAPTER OF ALPHA KAPPA ALPHA SORORITY, INCORPORATED



SCHOLARSHIP PAGEANT ELIGIBILITY REQUIREMENTS AND APPLICATION PROCESS

50TH MISS TEENAGE TAMPA SCHOLARSHIP PAGEANT

ELIGIBILITY

To enter the 50th Miss Teenage Tampa Scholarship Pageant, contestants must meet certain basic requirements and agree to abide by all the rules of the Pageant now in effect or as announced hereafter. To be a contestant in the 50th Miss Teenage Tampa Scholarship Pageant, you must:

- Exemplify the morals, ideals, and characteristics traditionally representative of the women of Alpha Kappa Alpha Sorority, Incorporated
- Not be married, never have been married, never have had a marriage annulled, never cohabitated or have had a child.
- **Be a rising Junior or Senior in high school for the 2024- 2025 school year attending a Hillsborough County public, private, charter, or home school.**
- Have a 2.5-grade point average (State or District) or above at the time of application during all Pageant activities, and if you win or place in the Pageant during your reign.
- Be available for and participate in all cultural enrichment workshops, production practices, community service and social activities organized for the 50th Miss Teenage Tampa Scholarship Pageant that will take place between **July 2024 and May 2025. The dress rehearsal in 2025 is mandatory.**

APPLICATION PROCESS

If you would like to enter the 50th Miss Teenage Tampa Scholarship Pageant, please submit the electronic 50th Miss Teenage Tampa Scholarship Pageant application packet, time-stamped no later than by Monday, April 29, 2024, at 11:59 pm, including the following:

- Application (completed)
- Essay (typed)
- Current, official certified transcript (directly from the school or transcript portal)
- Participation Certification (completed)
- Parental Consent Form (completed)
- Media Release Form (completed)
- Medical Care & Treatment of a Minor (completed)

ESSAY DIRECTIONS

This essay must be typed, double-spaced, in Times New Roman, 12-point font. Please pay attention to grammar, spelling, and punctuation. You may be called upon to defend your essay, so please be sure you are familiar with its content.

Attach an original essay of no less than 500 words and no more than 1,000 words on the following:

- Why do you want to participate in the 50th Miss Teenage Tampa Scholarship Pageant and what specific skills or knowledge do you hope to gain from your participation?

50TH MISS TEENAGE TAMPA SCHOLARSHIP PAGEANT APPLICATION FORM

This application must be typed, double-spaced, in Times New Roman, 12-point font. Please pay attention to grammar, spelling, and punctuation. You may be called upon to defend your application, so please be sure you are familiar with its content.

Submit the entire electronic 50th Miss Teenage Tampa Scholarship application packet, including the application, essay, current official certified transcript, Participation Certification, Parental Consent Form, Medical Release Form, and Media Release Form to:

Gamma Theta Omega Chapter
Alpha Kappa Alpha Sorority, Inc.
50th Miss Teenage Tampa Scholarship Pageant

50thmtatpagent@gmail.com

The application packet (including this application form and all additional items listed above) must be **received by Monday, April 29, 2024, at 11:59 pm.**

If you meet the eligibility requirements and you are accepted to participate in the 50th Miss Teenage Tampa Scholarship Pageant by Gamma Theta Omega Chapter, you **will be required to pay a non-refundable \$300.00 application fee by TBD.**

You will notice that there is a **REQUIRED SIGNATURE LINE** at the bottom of each section of this application packet. When the individual pieces of the application packet are put together, they will create your entire application. Yours and your parent/legal guardian's signature(s) will cover the materials listed on all pages. Your signature(s) verifies that all information on each form is true and accurate. If it is proven that any information on your forms is not true, correct, and/or factual, you may be required to withdraw from the competition or lose any title you may receive. **DOCUSIGN MUST BE USED**

DOCUMENTS MUST BE ASSEMBLED INTO ONE (1) pdf file titled Last Name, First Name, 50th MTAT 2025- grade level.

SMITH, JANE 50th MTAT 2025- SENIOR

50TH MISS TEENAGE TAMPA SCHOLARSHIP PAGEANT

What are your career goals?

Personal Motto:

Pageant Information

Have you participated in a Pageant before? { } YES { } NO

If yes, what type? Any titles held?

Have you participated in an Oratorical contest? { } YES { } NO

If yes, what was the topic?

What will be your talent for the 50th Miss Teenage Tampa Scholarship Pageant?

How did you hear about the 50th Miss Teenage Tampa Scholarship Pageant?

__ Sorority Member or Hostess group (Name of Referring Member)

Other

50TH MISS TEENAGE TAMPA SCHOLARSHIP PAGEANT

Contestant Affirmation Statement

I _____ do hereby acknowledge and affirm that the information contained on this 50th Miss Teenage Tampa Scholarship Pageant application and on all other forms and materials included in my application packet is true and correct. I further acknowledge and affirm that I have read all materials and documentation and fully understand the information contained therein. If selected, I commit to adhering to the policy, procedures, and guidelines as outlined in the Contestant Handbook.

Signature of Contestant _____ Date _____

Parent/Legal Guardian Affirmation and Consent

I _____, as the parent of _____, consent to her participation in the 50th Miss Teenage Tampa Scholarship Pageant, including any and all of the associated workshops, practices, activities, and meetings. I further acknowledge and affirm that I have read all of the materials and documentation contained in the 50th Miss Teenage Tampa Scholarship Pageant application packet, understand the financial obligations and time commitment required with my daughter's acceptance and participation as a pageant contestant, and agree to adhere to the same.

Signature of Parent/Legal Guardian _____ Date _____

50TH MISS TEENAGE TAMPA SCHOLARSHIP PAGEANT PARTICIPATION CERTIFICATION

Gamma Theta Omega retains the right to exercise exclusive control, assessment, and judgment regarding the participation of any applicant in the 50th Miss Teenage Tampa Scholarship (“MTAT”) Pageant by declining an applicant’s participation, and/or withdrawing the privilege of participation in any and all pageant related to activities, including but not limited to pre-Pageant and post Pageant events.

Each applicant is requested to certify and affirm the truthfulness of each of the following statements by initialing each blank:

_____ I am not married, have never been married, have never had a marriage annulled, have never cohabitated, nor will I become married prior to the date of the 50th Miss Teenage Tampa Scholarship Pageant.

_____ If I win or place in the 50th Miss Teenage Tampa Pageant, I will not get married during my reign.

_____ I am not pregnant, nor have I ever given birth to a child.

_____ If I win the 50th Miss Teenage Tampa Pageant, I will not get pregnant during my reign.

_____ I am not currently subject to nor have I ever been convicted of a felony or first-degree misdemeanor or charged with violating any other rule or policy that reflects poor moral character.

_____ I will not use illegal drugs or consume alcohol while participating in the pre-pageant activities or, if I am crowned 50th Miss Teenage Tampa, during my reign.

_____ I am neither the subject of a pending suspension or expulsion nor have I ever been suspended or expelled from any school for any reason.

_____ In the event of a change of circumstances after the date of this certification regarding any matter contained in this certification, I will immediately and forthrightly notify the President of GAMMA THETA OMEGA of the details of any such matter, with the full understanding that GAMMA THETA OMEGA retains the exclusive right, at any time, to decline an applicant’s continued participation in the pre-Pageant activities and/or the Pageant for failure to adhere to all participation criteria.

_____ **I understand that if I violate the terms of this Participation Certification, I may be immediately disqualified and/or any scholarship may be revoked.**

APPLICANT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

**50TH MISS TEENAGE TAMPA SCHOLARSHIP PAGEANT
MEDIA RELEASE FORM FOR MINOR**

I am aware that Gamma Theta Omega Chapter maintains a website that contains information about the chapter's service projects and programs. From time to time, the chapter may videotape or photograph its service projects and programs. For the photo(s) or video(s) of someone under the age of 18 to appear on the chapter's web page or in a television broadcast, I understand that my written permission is required.

I understand that my child will be identified by name in photos published on the web or broadcast on television. Personal information about my child will never be posted, nor is information given indicating the physical location of my child at any time other than general participation information about an activity/event at a particular chapter program or service project.

I understand that information broadcast on television and/or published on the Gamma Theta Omega Chapter's website may be accessed by the general public at any time. Accordingly, I give my consent for my child's picture, voice, likeness, or work to appear in television broadcasts, video, film, photographs, recordings, and/or on the Gamma Theta Omega Chapter website.

MTAT CONTESTANT NAME: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

50TH MISS TEENAGE TAMPA SCHOLARSHIP PAGEANT

Consent to Medical Care & Treatment of a Minor

The undersigned authorizes all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a treating physician (at a hospital, emergency care facility, or doctor's office) for my daughter, _____ if I cannot be reached in case of emergency.

My consent includes, but is not limited to, administration of necessary anesthetics, medical treatment, tests, x-ray examinations, transfusions, injections, or drugs and performing whatever operations may be deemed necessary or advisable.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. This authorization shall remain in effect until revoked in writing by the undersigned, with notice to the treating physician and hospital, or until the undersigned void their signatures hereon. This form will expire on May 18, 2025.

Does your daughter have any allergies? Yes No

If yes, please list allergies:

Does your daughter take any medications (prescribed and/or un-prescribed): Yes No

If yes, please list the prescribed and un-prescribed medications your daughter is taking:

Are there any medical conditions we should know about prior to the trip: Yes No

If yes, please list the medical condition:

Medical information listed on this form will only be shared in the event of an emergency. This information will remain private and will not be shared.

Parent / Legal Guardian Signature

Date

