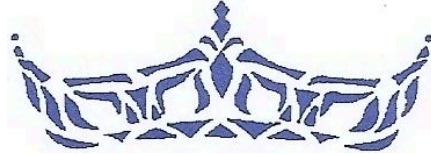


# Colorado Association of the Deaf



## *Miss Deaf Colorado Ambassador Program*

2011 Application Form

(PLEASE PRINT OR TYPE)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ VP/Voice

Email: \_\_\_\_\_

**U.S. Citizen?** Yes ( ) No ( )

**Colorado Resident:** (Note: If the answer to either of these questions below is Yes, you are eligible as a Colorado Resident).

1. Have you lived in Colorado more than six months? Yes ( ) No ( )

2. Are you a nine-month college student from Colorado? Yes ( ) No ( )

### **Academic Information:**

High School Attended: \_\_\_\_\_

Date of Graduation from high school: \_\_\_\_\_

(Note: Must graduate before June 2011 to enter the ambassador competition)

College/Voc. Training Attended: \_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

List any honors received or offices held in organizations:

**ON A SEPARATE SHEET, PLEASE EXPLAIN IN DETAIL ABOUT  
YOUR AMBITION AND FUTURE GOALS**

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Parents' name(s): \_\_\_\_\_

Name and address of your sponsor(s) (if any):

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

**To the best swear that the information above is true and correct any false claim or of my knowledge. I understand any false claim or misrepresentation of facts will automatically result in disqualification. I also release the Colorado Association of the Deaf of any liability during the "Miss Deaf Colorado Ambassador Program" (MDCAP), August 6, 2011.**

**Applicant's Signature:** \_\_\_\_\_

**Attach these items to this application:**

- A. An audiogram certified by an audiologist
- B. One recent glossy 5x7 (waist up) black and white photo of yourself
- C. A copy of your driver license.
- D. A check for \$50.00 for entry fee (two payments at \$25.00 each month acceptable).
- E. Attach your sheet about your ambition and future goals.

**Deadline to submit the completed application is June 18, 2011**

After your completed application is received by the MDCAP Director, more details will be emailed or mailed to you.

**Mail application form to:**

Daisy Bravo, MCDAP Director

4904 South Routt Street, Littleton, Colorado 80127

[MDCAP@cadeaf.org](mailto:MDCAP@cadeaf.org) – VP/V 720.210.5802

