



# MISS DEAF OHIO PAGEANT

## APPLICATION FORM

Please print/type only:

Full Name \_\_\_\_\_  
First Middle Last

Full Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ VP \_\_\_\_\_ TTY \_\_\_\_\_ Voice \_\_\_\_\_

Work Phone Number \_\_\_\_\_ VP \_\_\_\_\_ TTY \_\_\_\_\_ Voice \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_ Pager \_\_\_\_\_

Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Age of Onset Deafness \_\_\_\_\_ Cause of Deafness \_\_\_\_\_

Category of hearing Loss (mild, severe, profound) \_\_\_\_\_

Parents/Guardian' Full Name \_\_\_\_\_

Full Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ VP \_\_\_\_\_ TTY \_\_\_\_\_ Voice \_\_\_\_\_

Work Phone Number \_\_\_\_\_ VP \_\_\_\_\_ TTY \_\_\_\_\_ Voice \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_ Pager \_\_\_\_\_

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) \_\_\_\_\_ Class year \_\_\_\_\_

Future Career Goals/Plans \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Scholarships, Awards and/or Honors that you have received \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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List organizations of which you are a member\_\_\_\_\_

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Hobbies and/or Interests\_\_\_\_\_

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Title of Platform Presentation ( Nature of your two-minute presentation)\_\_\_\_\_

Type of Talent you will perform (Nature of your four-minute routine)\_\_\_\_\_

Theme of Title of your talent\_\_\_\_\_

Major/Local Newspapers in your hometown

Title of a Newspaper\_\_\_\_\_

Editor's Name\_\_\_\_\_

Address\_\_\_\_\_

Title of a Newspaper\_\_\_\_\_

Editor's Name\_\_\_\_\_

Address\_\_\_\_\_

Sponsor(s)\_\_\_\_\_

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**DEADLINE: June 30, 2007**

Please sent the application to [mdop@oad-deaf.org](mailto:mdop@oad-deaf.org) or mail it to :

Bob Donaldson

309 Millside Drive

Columbus, OH 43230-1740