

Miss Blackhawk Valley Scholarship Program, Inc.

Outstanding Teen Sponsor Form

Sponsor(s} Name:

Address:

City: State: Zip:

Phone: ( )

Signature:

I agree to sponsor a Miss Blackhawk Valley’s Outstanding Teen candidate for $100.00.

I understand this fee is not refundable and enables the teen to compete in the Miss Blackhawk Valley’s

Outstanding Teen Competition.

I would like to sponsor (name of candidate):

\*Make checks payable to Miss Blackhawk Valley Scholarship Program, Inc.

**Bring the check and form the day of competition.**

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Detach the section below for your records \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Outstanding Teen Candidate Sponsor

Miss Blackhawk Valley Scholarship Program

Thank you for helping the teens of Illinois to obtain scholarships to improve their education and talents.

Sponsorship fee receipt $\_\_\_\_\_\_\_\_

Pageant representative or Candidate: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ Date: \_\_\_\_ \_\_\_\_ \_\_\_\_

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