



## Little Miss AKA Pageant

Sponsored by



**Gwinnett Pearls of Service Foundation, Inc**



**Upsilon Alpha Omega Chapter  
Alpha Kappa Alpha Sorority, Inc.**

## General Information

### Little Miss AKA Participant Requirements

- School age girl (ages 7 - 10 years old by date of the pageant)

### Little Miss AKA Application Requirements

- Completed Little Miss AKA Application
- \$200 application fee (Make checks payable to: **Gwinnett Pearls of Service Foundation, Inc.**) or pay application fee online.

### Little Miss AKA Application Process

- All Little Miss AKA Application Materials must be received **no later** than **November 5, 2016**.
- Applications and payment may also be mailed before the event to the address below but **must be received no later than November 5, 2016**.

### Upsilon Alpha Omega

Attn: Little Miss AKA Committee  
P.O. Box 191  
Lawrenceville, GA 30046

### Little Miss AKA Expectations

- \$200 Application Fee (**non-refundable**)
- Reach a minimum goal of \$650 in fundraising during the Little Miss AKA Experience (i.e. Sponsors, Patrons, Program Ads, etc.)
- Attendance at Program Events as scheduled
- Attendance at ***all rehearsals***

### Calendar

- The event schedule will be provided along with a Parent Resource Guide at the Contestant and Parent Orientation on November 5, 2016.
- Events during the 2016-2017 Little Miss AKA Pageant will include, but are not limited, to photo sessions, workshops, a cultural activity, a Mother / Daughter Luncheon and community service projects to conclude with the pageant on **April 22, 2017**.

### Contacts

For any questions related to the Little Miss AKA Pageant Experience and application process, please feel free to contact:

**Mrs. Shani Burd, Chairperson**

**Ms. Debra Meadows, Co-Chair**

*littlemissaka@upsilonalphaomega.com*

678-250-3922

## Little Miss AKA Application

### Instructions:

Complete the application with applicant and parent signature and mail back to the address below or email to [littlemissaka@upsilonalphaomega.com](mailto:littlemissaka@upsilonalphaomega.com) by **November 5, 2016**. **Completed application and application fee must be received on or before this date.** Make all checks or money orders payable to **Gwinnett Pearls of Service Foundation**.

### Mailing address:

Gwinnett Pearls of Service Foundation, Inc.  
Attn: Little Miss AKA Committee  
P.O. Box 191  
Lawrenceville, GA 30046-0191

### Personal Information: (PLEASE TYPE ANSWERS)

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

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

City:

State:

Zip:

Telephone: Home

Parent Name and Cell#

Parent Email address:

Student Birthday:

School Name:

<b>T- Shirt Size</b> (please check)	<input type="checkbox"/> X- Small (4-6)	<input type="checkbox"/> Small (8-10)	<input type="checkbox"/> Medium (10-12)	<input type="checkbox"/> Large (12-14)	<input type="checkbox"/> X- Large (14-16)
--	--	--	--	---	--

### Parent/ Guardian Information:

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

Mother/Guardian Information

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

City:

State:

Zip:

Phone: Home

Cell

Work

E-mail: \_\_\_\_\_

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

Father/Guardian Information

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

City:

State:

Zip:

Phone: Home

Cell

Work

E-mail: \_\_\_\_\_

# Little Miss AKA Application

**Student Name:** \_\_\_\_\_

**Biography:**

**Aspirations** (what I want to be when I grow up):

**Honors, Awards, Achievements** (past and present):

**Community/Church Activities** (include past and present committee and ministry involvement):

**Hobbies, Special Interests, Talents:**

**Role Model** (who is a role model to you and why):

---

How did you hear about this pageant? (Check all that apply)

Word of mouth

UAO Member invite (Member name: \_\_\_\_\_ )

Previous Participant

UAO Website

Facebook/Twitter

You are a UAO Member

Little Miss AKA 2016-2017 Website

Other ~ Please explain:

**Applicant Signature:**

I affirm that all application materials provided are authentic and all statements made are true.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant Signature)

**Parent Signature:**

I give my daughter, \_\_\_\_\_, permission to participate in the Gwinnett Pearls of Service Foundation, Inc./Alpha Kappa Alpha Sorority, Inc - Upsilon Alpha Omega **2016-2017 Little Miss AKA Pageant**. With my permission, I will support her **active participation** in all activities planned as part of the Little Miss AKA Experience and will meet the financial obligations as intended, including, but not limited to, the **\$200 non-refundable application fee** due on or before **Saturday, November 5, 2016**.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent Signature)

**PLEASE DO NOT WRITE BELOW THIS LINE**

---

FOR INTERNAL USE ONLY

Date Rec'd \_\_\_\_\_ Contestant # \_\_\_\_\_ Team # \_\_\_\_\_