Dr. David B. Allman was a past president of the Miss America Organization and the American Medical Association. In memory of her husband, Mrs. Allman established a scholarship foundation to be administered by the Miss America Organization for the grant of scholarships to Miss America contestants who wished to enter the field of medicine to become medical doctors. At her death in 1981, Mrs. Allman further funded this foundation so that young women involved in the program could take advantage of this opportunity to further or commence their education in the medical field.

Since 1974, Allman Scholarships have been granted to various Miss America contestants at the National, State and Local level. From time to time, the Miss America Organization has also contributed funds to increase the scholarships available.

Guidelines for Grant

Allman Scholarships will be granted if there are qualified applicants, to those women in the Miss America system who meet the requirements for grant of scholarships. This scholarship is available to women who have competed within the system on the State, Local or National level from 2004 to present regardless of whether a title was won. The Scholarship Committee will award the income of the Foundation, earned during the preceding year for the scholarship award. The Committee members will review all applications for scholarships and will award one or more scholarships per year depending upon the qualifications of applicants.

A new application must be submitted each year and previous recipients are also eligible to apply.

Applicants will be considered for the award based upon a combination of factors including, but not limited to, grade point average (high school and college/university), class rank, MCAT score, extra-curricular activities, financial aid requirements, household income and level of participation within the system.

Any information missing from the submission list will render the application ineligible.
2014 DR. & MRS. DAVID B. ALLMAN SCHOLARSHIP

Instructions

All Applications MUST be typed or computer generated for consideration.

Applications must be received in your Miss Arkansas Contestant Packet.

2014 State Competition: Review scholarship application If you wish to complete and have sent to Miss America the deadline of the Miss Arkansas contestant packet. If you wish to apply, complete the form, place in your contestant packet and turn in with all Miss Arkansas forms at the Pre-Contestant Meeting Saturday, April 12, 2014 or Sunday, April 13, 2014. Your application will be sent to Miss America for you. Please follow all instructions completely.

Please make sure you have all your information before you apply. We cannot accept an incomplete application under any circumstance. Applications received after the deadline will be rejected and a new application must be submitted after January 1st of the following year.

Applicants will be notified by the end of August whether they have been selected as a scholarship recipient. Scholarship winners will receive a letter in regards to potential tax implications of this award. Scholarship winners are encouraged to discuss inclusion of the scholarship in their income with their tax preparer.

Disbursement of funds will follow the Scholarship Rules & Regulations of the Miss America Organization.

Please call Doreen Gordon at (609) 653-8700 extension 127 if you have any questions.
2014 DR. & MRS. DAVID B. ALLMAN SCHOLARSHIP
APPLICATION

FULL NAME: ________________________________________________

CURRENT ADDRESS: __________________________________________

PHONE NUMBER: ____________________________________________

SOCIAL SECURITY NUMBER: ________________________________

PARENTS/SPOUSE OCCUPATION: ________________________________

NAMES, AGES AND CURRENT EDUCATIONAL STATUS OF YOUR SIBLINGS/CHILDREN:

Please list all Competitions in the Miss America system in which you competed, and the result (winner, runner-up, not in Top Ten, etc.):

<table>
<thead>
<tr>
<th>DATE</th>
<th>PAGEANT NAME</th>
<th>RESULT</th>
</tr>
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2014 DR. & MRS. DAVID B. ALLMAN SCHOLARSHIP

EDUCATION

HIGH SCHOOL:

Name of High School: ________________________________________________

Years Attended: ________________________________________________

Grade Point Average: _________________________________________

List Clubs/Sports/Extracurricular Activities:
____________________________________________________________
____________________________________________________________
____________________________________________________________

Honors:
____________________________________________________________
____________________________________________________________
____________________________________________________________

COLLEGE/UNIVERSITY:

Name of College/University: _________________________________________

Major field of study: ________________________________________________

Years attended: ________________________________________________

Did you graduate? Yes: ________ No: __________

If so, list diploma or degree: __________________________________________

Cumulative Grade Point Average: ___________________________________

What is your major? ________________________________________________

What is your minor? ________________________________________________

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What Pre-Med courses have you taken or are presently enrolled?

________________________________________________________________
________________________________________________________________
________________________________________________________________

List Clubs/Sports/Extracurricular Activities:

________________________________________________________________
________________________________________________________________
________________________________________________________________

Honors:

________________________________________________________________
________________________________________________________________
________________________________________________________________

GRADUATE/ MEDICAL SCHOOL:

Name of Graduate/Medical School: ______________________________________

Years attended: _________________________________________________________

Did you graduate?     Yes:    No: __________

If so, list diploma or degree: _____________________________________________

What degree are you pursuing? ____________________________________________

Have you taken the MCAT examination? _____________________________________

If so, list your scores: ___________________________________________________

If you have not taken the MCAT, do you intend to take it? ____________________

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FINANCIAL INFORMATION

1. Annual income - applicant ______________________________________________
   *Attach most recent W-2 form

2. Household income - parents/spouse_______________________________________
   *Attach most recent W-2 form

3. Total outstanding student loans as of this fall _____________________________

4. Based upon the medical school you plan to attend, list below the approximate
   expenses:
   
   a. Annual tuition ______________________________
   
   b. Room and Board (if applicable)__________________
   
   c. Books and supplies ______________________________
   
   d. Total annual cost ______________________________

5. List below the sources of income you anticipate to meet these expenses:
   
   a. Savings and cash on hand ______________________________
   
   b. Earnings expected this summer ____________________________
   
   c. Earnings expected at school ______________________________
   
   d. Financial assistance from parents ___________________________
   
   e. Other scholarships _______________________________________
   
   f. Other assistance _________________________________________
   
   g. Total annual expected income _____________________________

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2014 DR. & MRS. DAVID B. ALLMAN SCHOLARSHIP

FINANCIAL INFORMATION

6. Family Status:
   a. Number of dependent children in parent’s household: __________
   b. Number of other family members attending college: __________
   b. Name of School: __________________________________________
   c. Year: __________________________________________
   d. Total annual cost: ________________________________________

CERTIFICATION OF APPLICANT

I certify that the foregoing facts set forth in this application are true and complete. I understand that if any statements contained herein are false, I will not be considered for a scholarship or, if such a scholarship has been granted, that it is subject to forfeiture. I further authorize and give permission to the Miss America Organization, the scholarship committee or their duly authorized representatives to investigate the statements contained in this application, to contact any person or institution named herein, and to request any information it desires with respect thereto.

_________________________________________ ____________
Applicant                                  Date

_________________________________________ ____________
Witness                                     Date

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2014 DR. & MRS. DAVID B. ALLMAN SCHOLARSHIP

Please attach the following and submit will be mailed for you to the Miss America Organization office:

2014 State Competition: Review scholarship application If you wish to complete and have sent to Miss America the deadline of the Miss Arkansas contestant packet. If you wish to apply, complete the form, place in your contestant packet and turn in with all Miss Arkansas forms at the Pre-Contestant Meeting Saturday, April 12, 2014 or Sunday, April 13, 2014. Your application will be sent to Miss America for you. Please follow all instructions completely.

1. Completed typed or computer generated application.

2. Transcript from your College/University through the most recent semester you completed showing your grade point average.

3. High School transcript and letter of acceptance from University if you have applied, been accepted, but are not yet attending.

4. An essay of not more than 500 words discussing why you wish to become a medical doctor and how the Allman Scholarship can help you to attain this goal.

5. Financial Information sheet. The information requested will help the committee determine your financial status and need.

6. FASFA Form

7. You may also provide a copy of the most recent financial aid application filed on your behalf with the university/college or graduate school.

8. Please attach two letters of reference including names, addresses and telephone numbers from non-relatives that are familiar with your goals and ambitions.

All applications must be complete, typed or computer generated and submitted with all information attached to be eligible.

Any information missing from the submission list will render the application ineligible.

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