

*Miss Deaf Kansas*

*Ambassadorship*

*Program*



*Application*

State Ambassadorship Director Anne Heller's Memo...

To the Future of Miss Deaf Kansas,

Welcome to 2011 – 2013 Miss Deaf Kansas Ambassadorship Program (MDKAP). I am the state director for MDKAP and I am proud to host the pageant at Ramada Inn in Salina, Kansas on June 2<sup>nd</sup> thru June 3<sup>rd</sup> during Kansas Association of the Deaf (KAD) Conference. Our theme will be “ A Journey Leads To Her Dream”.

I strongly encourage you and your chaperone to find sponsor to help with your expenses for the ambassadorship program. The expense includes traveling, meals, and contestant/chaperone's entry fees. I have included the boosters in the package for you to help earn from the donation to cover for your expenses. If you need more boosters, please contact me!

The winner of Miss Deaf Kansas will attend Miss Deaf America Ambassadorship Program at National Association of the Deaf (NAD) Conference in Louisville, Kentucky on July 3-7, 2012. The winner and her chaperone will have to attend a retreat somewhere in Kentucky for five days before the NAD Conference and be sure to plan at least 2 weeks of being in Kentucky.

I strongly encourage all contestants and chaperones to stay until the end of the KAD's Conference when they will be able to attend the Banquet Saturday night (the banquet is included in the entry fees).

My suggestion is to try to limit your budget for formal attire. My ideas are to find any reduced prices for dresses after prom events, Dillard's, Deb's, Burlington's or Goodwill.

After I received your official entry form, audiogram, photo, agreement contract and \$150.00 entry fee. I will give you more information.

If you have any questions or concerns, please feel free to contact me!

**Contact: Anne Heller, State Ambassadorship Director**

**4988 W. 129<sup>th</sup> Place**

**Leawood, KS 66209**

**913-227-4274**

**[ANHeller@kc.rr.com](mailto:ANHeller@kc.rr.com)**

Good Luck!

## **Miss Deaf Kansas ~ History**

Lori (Winters) Dykes	1981 – 1983
Kristy (Heustis) Mnich	1989 – 1991
Aimee (Chappelow) Baders	1991 – 1993
Jeannine (De John) Adkins	1993 – 1995
Jessica Kirby	1995 – 1997
Camille (Schwarzenberger) Bishop	1997 – 1999
Melissa (Flores) Serrano	1999 – 2001
Tara Schupner	2001 – 2003
Erin Land	2003 – 2005
Pamela Siebert	2005 – 2007
Tanna Jo Kolb	2007 – 2009
Jessica Redden	2009 – 2011

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### **2011 – 2013 Miss Deaf Kansas**

#### **The Winner**

- \* \$750 Scholarship
- \* Tiara, Trophy, Sash, and Bouquet
- \* \$1,000.00 clothing expenses for Miss Deaf America Ambassadorship Program

#### **First Runner-Up**

- \* \$250 Scholarship
- \* Trophy and Bouquet

## **Miss Deaf Kansas Applicant...**

The Contestant Information Packet is designed for applying for the 2011 – 2013 Miss Deaf Kansas Ambassadorship Program (MDKAP). This packet helps you to feel at ease and more prepared for this ambassadorship program.

You are encouraged to review this packet with your Chaperone and Parents before you mail this to Director Anne Heller. It is very important to understand each roles and responsibilities to make this experience smooth. You will be getting more information after Director Anne Heller receives your packet. In the meantime, you should focus on the sponsors and boosters.

The contestant/chaperone need to be available to attend the Miss Deaf Kansas Ambassadorship program and the competition during two days at KAD Conference.

The contestant will follow the schedule given by the Miss Deaf Kansas Ambassadorship Program Committee and attend all rehearsals, activities, and events as stated during the Miss Deaf Kansas Ambassadorship Program and competition during two days.

Contestant should remember that during the Ambassadorship Program, they will be “in the limelight”. People will be around to take pictures and interview various people from the conference and ambassadorship program. Neatness and good grooming are essential!

The contestant and chaperone will sign the contract upon on their arrival at the Miss Deaf Kansas Ambassadorship Program with further rules such as appropriate behavior, curfew, no drinking and drugs allowed. Failure to adhere to any of these rules may automatically disqualify the contestant from competing in the Kansas Pageant.

The contestant and chaperone will be responsible for entry fee, per diem (food) and anything that is being stated on the official Miss Deaf Kansas Ambassadorship Program Entry Form.

The winner of the Miss Deaf Kansas Ambassadorship Program will be representing Kansas to the Miss Deaf America Ambassadorship Program and is required to attend the Miss Deaf America Retreat during the week before National Association of the Deaf (NAD) Conference begins. NAD Conference will be held on July 3- 7, 2012 in Louisville, Kentucky.

If a contestant did not place in the top slots of Miss Deaf Kansas Ambassadorship Program, 4<sup>th</sup> runner-up, 3<sup>rd</sup> runner-up, 2<sup>nd</sup> runner-up, and/or 1<sup>st</sup> runner-up. She can participate in the Miss Deaf Kansas Ambassadorship Program again if she is still eligible.

The winner of the Miss Deaf Kansas Ambassadorship Program shall relinquish the title to the 1<sup>st</sup> runner-up should she marry, became pregnant, has felony, or break the contract during her reign.

**\*\*\* Deadline ~ April 20, 2011 \*\*\***

# Official Entry Form 2011

Along with this completed form, please include the following:

- A copy of current audiogram (to proof that you are deaf or hard of hearing).
- One color 3x5 photograph (waist up only).
- A signed original agreement contract (be sure to keep a copy for yourself)
- A signed original copy of Miss Deaf Kansas Eligibility rules (be sure to keep a copy for yourself)
- A check of \$150.00 is required for the contestant as entry fee.

Make a check payable to: **Miss Deaf Kansas Pageant.**

**Full Name:** \_\_\_\_\_

**Current Residence:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Pager Address:** \_\_\_\_\_

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

**Cause of Deafness:** \_\_\_\_\_

**Category of Hearing Loss (mild, severe, profound)** \_\_\_\_\_

**Name of High School** \_\_\_\_\_ **Year Graduated:** \_\_\_\_\_

**College(s) Attended (or will attend):** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Degree:** \_\_\_\_\_ **Year Graduated:** \_\_\_\_\_

**Current Status at School (full-time/part-time):** \_\_\_\_\_

**Class Year:** \_\_\_\_\_

**Future Career Goals/Plans:** \_\_\_\_\_

**Current Job:** \_\_\_\_\_

**List of Scholarships, Awards and/or Honors that you had received:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List of organizations you are member of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies or Interests: \_\_\_\_\_

\_\_\_\_\_

Your Chaperone's Name: \_\_\_\_\_

Type and Title of Art Expression you will perform: \_\_\_\_\_

\_\_\_\_\_

Title of Business Presentation/Platform: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents' names: \_\_\_\_\_

Parents' Address (if it's different from your permanent address):

\_\_\_\_\_

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

Parents' E-Mail Address: \_\_\_\_\_

Name of your hometown Newspaper (s)/ Phone number: \_\_\_\_\_

\_\_\_\_\_

**Deadline ~ April 20, 2011**

The size of T-shirts (S, M, L, XL, and XXL) Contestant \_\_\_\_\_ Chaperone \_\_\_\_\_

## **Agreement Contract:**

It is mutually agreed by and between the Kansas Association of the Deaf (KAD)/ Miss Deaf Kansas Ambassadorship Program (MDKAP) and the contestant that the KAD/MDKAP shall have no liability whatsoever to a contestant and a chaperone. The KAD/MDKAP shall have no liability for loss of damage resulting from any cause to the property or the contestant and the chaperone, or for any lost profits, sales, or business opportunities, or any other type of direct or indirect or consequential damages. It is further understood that agreed all claims against the KAD/MDKAP for any such damage, loss or personal injury are expressly waived by the contestant and assumed as the contestant's responsibility.

The contestant and chaperone agree to indemnify, defend, and hold harmless the KAD/MDKAP, its agents and officers from all claims, actions, and suits, including court costs, attorney's fees and other expenses, arising out of the negligent acts or omissions of the contestant.

By signing my name, I am stating that I understand the eligibility rules, criteria for selection, and additional requirements in this document.

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**Miss Deaf Kansas Pageant Entrant Name**

**Signature of Parent/Guardian (if under 18)**

**(Print):** \_\_\_\_\_

\_\_\_\_\_

**(Signature):** \_\_\_\_\_

\_\_\_\_\_

**(Date):** \_\_\_\_\_

\_\_\_\_\_

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**Chaperone Name**

**Signature of Parent/Guardian (if under 18)**

**(Print):** \_\_\_\_\_

\_\_\_\_\_

**(Signature):** \_\_\_\_\_

\_\_\_\_\_

**(Date):** \_\_\_\_\_

\_\_\_\_\_

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*Signature of Miss Deaf Kansas Ambassadorship Chairperson*

\_\_\_\_\_ *Date*

## **Miss Deaf Kansas Ambassadorship Program Eligibility Rules**

List eligibility rules and requirements for 2011 Miss Deaf Kansas Ambassadorship Program:

- The contestant must be a United States citizen and a deaf or hard-of-hearing female whose age shall not be less than 17 and no more than 29 years by July 1, 2011. A copy of birth certificate or other satisfactory document as proof of age shall be required.
- The contestant must of fluent receptive and expression sign communication skills.
- The contestant shall know about the deaf culture and its heritages.
- The contestant must be a high school graduate by the time of the national pageant in July 2012
- The contestant must be resident of Kansas during the time of the MDKAP.
- The contestant must be single, never been married nor had a marriage annulled, and must have never given birth to a child.
- The contestant must never been convicted of any crimes, other than minor traffic infraction (i.e. no felony). The contestant shall be aware it is forbid body exposed or nude body.

I, \_\_\_\_\_ (contestant) observed, understand, and met the eligibility rules for Miss Deaf Kansas Ambassadorship Program.

\_\_\_\_\_  
**Contestant**

\_\_\_\_\_  
**Date**