| **2026 Ralph D. Vines, II Public Speaking Contest Application** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | |
| Name: | | | | | |
| Date of Birth: | Age: | Grade: | Phone: | | |
| Current Address: | | | | | |
| City: | State: | | ZIP Code: | | |
| Email: | | | | | |
| Name of Parent/Guardian: | | | | | |
| Academic information | | | | | |
| Name of School: | | | | | |
| School Address: | | | | | |
| City: | State: | | | ZIP Code: | |
| Teacher/Counselor Name: | | | | | |
| SPEECH INFORMATION | | | | | |
| Title of Speech: | | | | | |
| Key Points: | | | | | |
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|  | | | | | |
| \*Signature of Applicant: | | | | | Date: |
| I, the parent/legal guardian of above listed applicant, authorize applicant to participate in the Ralph D. Vines, II Public Speaking Contest and verify the information provided on this form is accurate. I grant Ralph D. Vines, II Endowment my permission use photographs from the Public Speaking Contest for any legal use, including but not limited to website content. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use. | | | | | |
| \*Signature of Parent: | | | | | Date: |
| I, teacher/counselor of above listed applicant, authorize applicant to participate in the Ralph D. Vines, II Public Speaking Contest and verify the information provided on this form is accurate. | | | | | |
| \*Signature of Counselor/Principal: | | | | | Date: |

\*Denotes Mandatory Signature

**Please scan and submit applications to submissions@ralphvinesendowment.com**

**Or mail to: Ralph Vines, II. Public Speaking Competition**

**P.O. Box 3705, Little Rock, AR 72203**

**Deadline: 4:30 PM on Friday, March 6, 2026**