

2024 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:

*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: Friday, March 15, 2024

DUE TO GROWING INTEREST IN THIS CONTEST, ONLY A LIMITED NUMBER OF APPLICATIONS WILL BE ACCEPTED.