



THE DEPARTMENT OF VERMONT AMERICAN LEGION
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ORATORICAL PROGRAM APPLICATION
(To be completed by student with sponsorship of American Legion Post)

CONTESTANT NAME: _____ BIRTH DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ EMAIL: _____

Are you a United States Citizen Yes ___ No ___ If no, are you a resident alien? Yes ___ No ___

PARENTS NAME: _____ DAY TIME PHONE: _____

SCHOOL REPORT:

HIGH SCHOOL: _____ GRADE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

SCHOOL PHONE: _____ FAX: _____ EMAIL: _____

FACULTY CONTACT: _____

I first became interested in the Oratorical Contest when:

I will abide by all the rules of the Department of Vermont and the National High School Oratorical Contest Committee and follow the instructions of contest sponsors and chairman. I hereby attest that my Prepared Oration and Assigned Topic Presentations are my original work.

Applicant: _____ DATE: _____

Sponsored by American Legion Post or District: _____

Post or District Chairman or Officer : _____ PHONE: _____

Mail application to above address of the American Legion HQ NLT January 17,2011