ECSHA Student Scholarship Oratory Contest

APPLICATION

Mail completed application, plus a draft of your speech to: ECSHA, PO Box 753, Johnstown, NY 12095

NAME: _____ [please print]
First Middle Initial Last

School Attending:_____ Expected Graduation Date: _____

Student E-mail Address: _____ Parent E-mail Address: _____

Student Cell Phone: _(____)_____ Parent Cell Phone: _(____)_____

Parent/Guardian Names: _____ _____
Mother Father

Home Phone: _(____)_____ Parent Work Phone: _(_____)_____

Home Address: _____ City: _____NY _____
Street Number & Name Zip Code

NOTES:
This oratory contest will be held in the historic Fulton County 1772 Courthouse, N. William & W. Main Streets, Johnstown, NY 12095 on Thursday, November 11, 2010 from 10am until 12noon.

The speeches will be delivered before a panel of judges. A scoring rubric accompanies this application.

Application information is used primarily for contact information. However, in the event that we receive more applications than there are spots available, the Oratorical Contest Planning Committee will accept participants based on a first-come, first-serve basis, so be sure to submit your application as soon as possible.

You will be notified by e-mail of receipt of your application materials.

AGREEMENT: *I acknowledge that I am a senior who attends and will graduate from a New York high school. I agree to abide by the rules delineated for this ECSHA Student Scholarship Oratory Contest and will accept the outcome determined by the panel of judges.*

_____ _____ _____ _____
Student Signature Date Parent/Guardian Signature Date