

2024-2025 Official Entry Form Voice of Democracy Competition

Must Be Completed by All Contestants

Emma G. Goodyear

Name: First, M.I., Last

2429 Waterside Dr

Address

Monroe, GA, 30655

City, State, Zip

(470) 746-8184 emma.goodyear07@gmail.com

Phone

01/02/07

Email

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Date of Birth (mm/dd/yy)

Grade in School

Age

Jacket Size

Monroe Country Day School, Monroe, GA

School Name, City, State

Pam Arnold parnold@monroe-school

Teacher's name and Email (if applicable)

To Be Completed by Student's Parent/Guardian

(Required even if student is 18 or over)

Kimberly Nobles

Parent/Guardian Name (Printed)

[Signature]

11/07/24

Parent/Guardian Signature

Date

(404) 789-0530

Parent/Guardian Daytime Phone

goodyearkj@gmail.com

Parent/Guardian Email

Participant Agreement for Students

Advancing to National Level

If selected as a first-place state winner, I have the consent of my parent/guardian and school to attend the Voice of Democracy National Finals in Washington, D.C. as a guest of the VFW National Organization. In consideration for permission to participate in the National Voice of Democracy Competition ("Competition") I do hereby, for myself, for my heirs, executors, administrators and assignees, waive, release and discharge all rights and claims which I have or which may hereafter accrue against the Veterans of Foreign Wars of the United States (VFW) and/or the Departments (state organizations) of the Veterans of Foreign Wars and their respective officers, agents, successors and assigns from any damages which may be sustained by me in connection with my participation in or association with the Competition and/or arising out of any travel related to the Competition. In the event of sickness, accident or injury in connection with the Competition, I consent to and accept the services of a duly licensed medical, surgical or dental specialist selected on my behalf and for such treatments, as they may deem necessary. I understand that VFW will not be liable for such treatment. I further understand that the Veterans of Foreign Wars of the United States retains non-exclusive rights to use my audio file, essay, name and likeness in the promotion and execution of the organization's programs and activities.

I Have Read and Understand the Rules and Participant Agreement

I certify that I am the sole author of the enclosed audio/essay entry and that I have not inappropriately used any AI tools or Chat GPT. I have only entered the competition once yearly if otherwise eligible. I understand that if it is found that I have entered any other Post's competition or used this essay for another VFW competition, I face elimination from the competition and will return any and all prizes or incentives awarded.

[Signature]

Signature of Student Participant

11/07/24

Date

To Be Completed by the VFW Post

I certify that this student has an authorized entry in our VFW Post Level Voice of Democracy Competition.

Post Commander/Chairperson Signature

Post #

VFW Auxiliary President/Chairperson Signature (if applicable)

Post Address

City, State, Zip

VFW Post Email

No. of students participating

No. of winners advanced to District

Amt. of Post/Aux. scholarship awards \$

Amt. of Post/Aux. additional expenses (banquet, pins, etc.) \$

To Be Completed by the VFW District

I certify that the student named in the previous section is the duly selected winner of the Voice of Democracy Contest District Competition and is our sole entry into the Departments.

District Chairperson Signature

Dist. #

Address

City, State, Zip

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Phone

Email

To Be Completed by the VFW Department Chairperson

I certify that the student named in the previous section is the duly selected first-place winner of the Voice of Democracy Department Competition and is our sole entry into the National Judging.

Department Chairperson Signature

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Daytime Phone

Email

The winner ☒ has been ☐ will be (check one) notified that they are the first-place Department winner on _____

For assistance contact:

816.968.1155

Email: youthscholarships@vfw.org

Local VFW Post Information:

Contact: _____

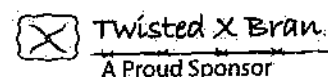
Phone: _____

Best Time To Call: _____

Alternate Contact: _____

Phone: _____

Best Time To Call: _____



Revised 03/2024