

2024-2025 Official Entry Form Voice of Democracy Competition

Must Be Completed by All Contestants

Amber Marie Bolling
Name: First, M.I., Last
1401 South Broad Street
Address
Monroe GA, 30655
City, State, Zip
(470) 746-4778 AmberBolling94@gmail.com
Phone Email
08-25-2006 12th 18 M
Date of Birth (mm/dd/yy) Grade in School Age Jacket Size
Monroe Country Day School Monroe GA
School Name, City, State
Po-m Arnold Parrott @ 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)

Leslie Bolling
Parent/Guardian Name (Printed)
Leslie Bolling 11-7-24
Parent/Guardian Signature Date
(470) 772-7362
Parent/Guardian Daytime Phone
Leslie.Smiriet63@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.

Amber Bolling 11-7-24
Signature of Student Participant 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
()
Phone Email

To Be Completed by the VFW Department Chairperson

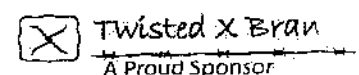
I certify that the student named in the previous section is the duly selected first-place winner of the Voice of Democracy Department Competition and is our sole entry into the National Judging.

Department Chairperson Signature
()
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