

BIOGRAPHICAL SKETCH

Date: _____ Speaking Order: _____ Final Placement: _____

(Contest: School / Post/County / District / Division /Department)

SCHOOL WINNER: _____
(HIGH SCHOOL NAME)

COUNTY WINNER: _____
(Post/COUNTY NAME)

DISTRICT WINNER: _____
(DISTRICT)

DIVISION WINNER: _____
(DIVISION)

DEPARTMENT WINNER: _____
(DEPARTMENT)

TITLE OF SPEECH: _____

STUDENT'S NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

STUDENT'S GRADE: _____ STUDENT'S SSN: ONLY ON REQUEST

STUDENT'S SPEECH COACH: _____

PARENT'S NAMES: _____

ADDRESS: _____

PARENT'S PHONE NUMBER: _____ email _____

STUDENT'S PHONE NUMBER: _____ email _____

AMERICAN LEGION POST SPONSOR: _____

DO YOU PLAN TO ATTEND COLLEGE? _____

NAME OF COLLEGE: _____

**COMPLETE THIS FORM AND SEND IT TO THE SPONSOR AT THE LOCAL AMERICAN LEGION POST
THIS FORM WILL BE USED AT EACH CONTEST LEVEL**