



Opportunities for Youth Contest Application



Check the contest for which this application is being submitted.

Diabetic Awareness Essay
 Drug Awareness Speech
 Outstanding Youth Award

Contestant's Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Birth Date: ___/___/___ Gender: ___ Male ___ Female Social Security Number: _____

E-mail Address: _____ Cell Phone: _____

Parent/Guardian Name(s): _____ Home Phone: _____

School Currently Attending: _____

School Address: _____

City: _____ State: _____ Zip: _____ School Phone: _____

Counselor's Name: _____ GPA: _____

Current Classification: ___ Junior ___ Senior Expected Year of Higher Education Enrollment: _____

Name of University/college You Plan to Attend: _____

Sponsoring Lions Club: _____

Club Contact Name: _____ Home Phone: _____

We certify the statements in this application are correct. We have reviewed a copy of the Policies and Rules for the Contest and promise to comply with them. We consent that all materials, creations, concepts, likeness, designs, posters, ideas, and intellectual rights and property used mentioned, spoken, and written for, or in connection with, this contest are the property of Lions District 2-S2 and may be published and used for any purpose selected by Lions District 2-S2.

Contestant Signature: _____

Parent/Guardian Signature: _____

District Governor Signature: _____ District: _____

Diabetic Awareness Essay: Contestant Application, Personal Biographical Information, three (3) copies of Diabetic Essay and two (2) wallet-size color photographs (head/shoulder close up)

Drug Awareness Speech: Contestant Application, Personal Biographical Information, and two (2) wallet-size color photographs (head/shoulder close up)

Outstanding Youth Award: Contestant Application, Personal Biographical Information, three (3) letter of Recommendation, Certified High School Transcript, and two (2) wallet-size color photographs (head/shoulder close up)