



# Texas Lions – 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 Texas Lions MD-2 and may be published and used for any purpose selected by the Texas Lions MD-2 Council of Governors. A Chaperone approved by the District (a parent, guardian or Lion) shall accompany the Contestant during their stay at the event where the contest will be judged. We understand that the contestants are to be available, on request, to participate in MD-2 events and activities for the period of one year after the contest.

Contestant Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

District Governor Signature: \_\_\_\_\_ District: \_\_\_\_\_

**Each District Must Submit:** Entry Fee Check for \$200 made payable to MD-2 State Convention along with;

**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)

Attach the Contestant Application and mail to the respective State Contest Coordinator to be postmarked no later than April 23, 2010.