

# Sonoma County Holocaust Commemoration Youth Essay Contest Entry Form

## **To be completed by the Student**

First Name (print) \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Grade Level \_\_\_\_\_ Age \_\_\_\_ School Name \_\_\_\_\_

School City/State \_\_\_\_\_

Title of Essay \_\_\_\_\_

Include last four digits of above phone number on every page of your essay.

I confirm that this essay is expressed in my own words. I understand that in order to be considered for judging, my essay must meet the contest criteria.

Student Signature \_\_\_\_\_

## **Must be signed by Parent or Guardian**

I confirm that the student named above has met the criteria for the Sonoma County Holocaust Essay Contest. I understand that if this essay is selected as the winner, she/he will be notified in writing and will be honored at the Yom HaShoah Holocaust Commemoration event on May 5, 2019. I understand that the Yom HaShoah Committee will retain ownership of the entry and I grant permission to reprint it. I also understand that a cash prize will be awarded.

Parent or Guardian's Name (please print) \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

## **Optional —To be filled out by a Sponsoring Teacher**

If a teacher supported the student in completing this essay, such as having the student write it as part of a class assignment or project, please fill out the information below:

Teacher's Name (please print) \_\_\_\_\_

Teacher's Signature \_\_\_\_\_

Email address \_\_\_\_\_