

BIRTHRIGHT OF SOMERSET, INC.

BIRTHRIGHT ESSAY CONTEST APPLICATION

Please type or print clearly and complete all parts of the application.

SEE BACKSIDE FOR CRITERIA, PROMPT, & FURTHER INSTRUCTION.

Name _____

Address _____

Street _____ City _____ State _____ Zip _____

Telephone No. () _____ Home () _____ Cell _____

Email address _____

Date of Birth _____ Male _____ Female _____

Parent/ Guardian _____ Phone No. _____

Academic Data

Name of High School _____ Grade _____

Year of Graduation _____

Where did you hear about this contest? _____

*This application, along with the essay and optional video recording, must be delivered, emailed or mailed to the following address before the **deadline of Friday, April 5th 2024**. Only one entry per application. If you have any questions, call us at 814-445-9300.*

**Birthright of Somerset
238 West Union Street, P.O. Box 94
Somerset, Pa 15501**