

2017 Teens for Life Essay Contest

First and Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

E-mail: _____

Grade Level: _____ Date of Birth (mm/dd/yyyy): _____

Word count of essay: _____

Name of Teacher (if applicable): _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

How did you learn about the essay contest?

☐ Church ☐ Life Matters ☐ School ☐ Social Media (i.e. Facebook/Twitter)

☐ WVFL Website ☐ Other: _____

Student's Signature: _____ Date: _____

Parent or Guardian Permission

Signature: _____ Date: _____

Relationship: _____