



THE AMERICAN LEGION



Department of Delaware Oratorical Scholarship Contest

Last: _____ First: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact Number: _____

School Attending: _____ Current Grade: _____

How did you learn about this contest: _____

Related to Legion Member: Yes ___ No ___ If Yes, Who & What Post: _____

Save form as your firstnamelastname.pdf before emailing back

Email completed Form to: oratorcial@delegion.org OR Mail to:

Chuck Armbruster
Department Oratorical Chairman
1017 Faun Road
Wilmington, DE 19803