(For MSS to complete: Code# \_\_\_\_\_\_\_\_\_\_\_)

2018 KIWANIS

**INTERVIEW-A-VETERAN CONTEST**

[www.ClarksvilleKiwanis.org/MSS](http://www.ClarksvilleKiwanis.org/MSS)

**STUDENT STATEMENT FORM**

This form must be attached to all essay entries. Entries without this form will be disqualified. The student’s name must not appear in the manuscript.

**TITLE: “What can the (Veteran)’s Experience teach Me about being a better Citizen?”**

**Written by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME MUST BE PRINTED**

**STUDENT STATEMENT:**   **“This is my original work and the result of my research and not copied in total from any source. I have listed all references used for this essay. I understand that by submitting this essay I have assigned the property rights to the Kiwanis Interview a Veteran Essay Project and grant my permission for the use of any pictures, video or audio recordings related to my essay entry and participation.”**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature Date**

**Additional Required Information: MUST BE PRINTED NEATLY OR TYPED**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_**

**School Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Principal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(First & Last Name)**

\*Your essay must be submitted through a teacher at your school by **October 19, 2018.** Teachers or students may contact the Kiwanis Office at **931-320-1337** to arrange for a veteran to be interviewed in the classroom or by an individual student. All the essays will be archived at the Public Library.

**Student’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/s name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone numbers: Home#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Veteran’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Veteran’s Ph#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Veteran’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**