

**State of Michigan Veterans of Foreign Wars**

**STUDENT BIOGRAPHICAL QUESTIONNAIRE**  
**Voice of Democracy & Patriot's Pen Competition**  
**2025-2026**

**This form must be completed by each FIRST PLACE DISTRICT WINNER.**

Please TYPE or PRINT the answers to all questions listed below.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Alternate Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address of Parent: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

First name you wish on name badge or jacket: \_\_\_\_\_

Jacket Size (circle one) S M L XL XXL

Religious Preference: \_\_\_\_\_

What college, university or vocational school do you hope to attend? \_\_\_\_\_

\_\_\_\_\_

What career do you plan to pursue? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

\_\_\_\_\_

What school offices have you held? \_\_\_\_\_

\_\_\_\_\_

List awards and achievements: \_\_\_\_\_

\_\_\_\_\_

List names and addresses of your local newspaper(s), radio and TV station(s):

\_\_\_\_\_

\_\_\_\_\_

Other information of interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you taking any special medication? \_\_\_\_\_

Do you have food or other allergies? \_\_\_\_\_

Do you have any special or specific dietary needs? \_\_\_\_\_

Name of your Doctor \_\_\_\_\_ Phone# \_\_\_\_\_

Medical Insurance carrier: \_\_\_\_\_

Medical Insurance Policy or ID Number: \_\_\_\_\_

If you are selected as the state winner, which airport will you wish to use for your flight to Valley Forge Freedom Foundation? (We will use this information when we arrange your non-refundable airline ticket.)

Airport: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Print the name of your US Congressman/woman & his/her Congressional

District: State: \_\_\_\_\_

Name: \_\_\_\_\_

District Number: \_\_\_\_\_

**PLEASE NOTE:**

The student biographical questionnaire is only required from the District first place winner. Use of this form at the entry level of competition is optional and clearly not a requirement for participation. However, all District winners must complete this questionnaire before they submit their essay, entry form, parent release form, and photograph into the State's final competition. This helps expedite the processing of the State winner to the National competition.