

# STUDENT BIOGRAPHICAL QUESTIONNAIRE

20\_\_ to 20\_\_

## *VOICE OF DEMOCRACY & PATRIOT'S PEN COMPETITION VETERANS OF FOREIGN WARS OF THE UNITED STATES*

VFW POST # \_\_\_\_\_ VFW DISTRICT #' \_\_\_\_\_ WINNER FROM THE STATE OF \_\_\_\_\_

This form must be completed by the **FIRST PLACE DISTRICT WINNER**. Please *TYPE* or *PRINT* the answers to all questions listed below.

First Name: \_\_\_\_\_ . M.I. \_\_\_\_\_ . Last Name: \_\_\_\_\_ .

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ , Fax Number: (\_\_\_\_

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: \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Jacket Size (circle one) S M L XL XXL

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are selected as the state winner, which airport will you wish to use for your flight to Washington,  
Other information of interest: \_\_\_\_\_  
\_\_\_\_\_.

D.C. for the National Finals? (We *will use* this information when we arrange your nonrefundable airline ticket.)

Airport: \_\_\_\_\_, City: \_\_\_\_\_, State: \_\_\_\_\_.

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

Name of your Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Insurance carrier: \_\_\_\_\_ Medical ID Number \_\_\_\_\_

Name of your Doctor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_.

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

Print the name of your United States Congressman/woman & his/her Congressional District Number:  
Name \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_  
*Name:* \_\_\_\_\_.

### 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 be asked to complete this questionnaire before they submit their CD or flash drive, typed essay, entry form, parent release form, and photograph into the Department's final competition. This helps expedite the processing of the Department winner to the National competition.