



Essay Writing Contest

FOR DETROIT AND WAYNE COUNTY
HIGH SCHOOL STUDENTS (9th–12th graders)

Cover Sheet (please print legibly)

Name _____ Age _____

Address _____

City / Zip _____

Name of Parent or Guardian _____

Telephone Number _____

Cell Phone/Alternate Phone _____

(Please note that due to federal requirements, monetary awards to US citizens may require a social security number. If you are a winner, we will contact you for your social security number.)

E-mail address _____

If not a US citizen, please state citizenship _____

Name of High School Attending _____ Grade _____

Mailing Address of High School _____

City/Zip _____ Telephone _____

Principal's Name _____ Counselor's Name _____

Title of Entry _____

**note only one entry per theme is allowed.*

Your Statement of Originality _____

I verify that information provided by me and related to this entry are all true.

Signature _____

Print Name _____

Deadline: All Entries must be **received (not postmarked)** no later than **Friday, October 16, 2009.**

U.S. Mail or Hand Deliver to:

Good Health Writing Contest
Office of Communications and Community Collaboration
640 Temple # 819
Detroit, MI 48201

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