

Contest Coordinator Questionnaire

CONTEST COORDINATOR: *This questionnaire **must** be submitted with your entries. All contest communication will be through the coordinator, so please designate **one** coordinator.*

Name of Contest Coordinator: _____
First Last

Title/Position: _____ County: _____

School or organization: _____ District: _____

Address(for coordinator): _____
Street

City State Zip

Phone: _____ Fax: _____ Email: _____

Please list all schools, grade levels participating in the contest, enrollment in participating grades, and **total number** of students writing essays in your contest:

School (attach additional sheet if more than 3 schools)	Grade level(s) participating	Enrollment in participating grades*	Total number of student essays written

*must be included to qualify for local contest awards

1. Was writing essays part of a class activity? _____ Yes _____ No
2. How many teachers participated? _____
3. **Please comment on your experience with the** - benefits, student reaction? (use back if necessary)
4. Please provide any comments on improvements for the contest. What type of assistance would be helpful for you to grow or improve your local contest? (use back if necessary)

Please read and check the box and sign

- For each entry submitted, I have spoken to the student or student's teacher to make a reasonable attempt to verify that the essays submitted represent the student's own work and that events implied to be real are true life experiences.

Contest Coordinator signature