



# AMERICANISM ESSAY CONTEST 2024 SUBMISSION FORM

**Essay Title: " What does Freedom mean to you?"**

**Department:** 1st place winning entry in each class will receive \$50 from Department and will be forwarded to Central Division for further competition. 2nd place winning entry in each class will receive \$25 from Department and 3rd thru 5th place winning entries in each class will receive \$10.

**National:** One award in each of the six classes will be presented in each division. Winners will receive \$50 and a \$50 donation in the student's name will be made to the Children of Warriors National Presidents' Scholarship fund. National winners will be posted at [www.ALAforVeterans.org](http://www.ALAforVeterans.org) after Convention.

**Materials and Guidelines:** The contest shall include six classes.

Class	Grade Level	Word Requirement
I	3 and 4	150-250
II	5 and 6	250-300
III	7 and 8	350-400
IV	9 and 10	450-500
V	11 and 12	450-500
VI	Students with special needs	Word count should correspond with student's grade level.

**Essay Checklist:**

- Class competing in \_\_\_\_\_
- Sponsoring ALA Unit \_\_\_\_\_
- Typed or neatly written essay conforming to the word requirement for class
- Completed essay coversheet as first page of essay
- Word count of essay \_\_\_\_\_
- Due date for student to return to ALA Unit \_\_\_\_\_

**\*Note: Checks are sent directly to awarded students. Please print student's name and mailing address clearly.**

**To be completed by the Parent/Teacher:**

\*Student name: \_\_\_\_\_ Grade level: \_\_\_\_\_

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

\*City/State/Zip: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Parent's Phone #: \_\_\_\_\_ Word Count: \_\_\_\_\_

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

School city/state: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

Teacher's signature: \_\_\_\_\_

**Auxiliary Use Only (Must be completed for entry to be considered):**  
Sponsoring Unit City location & number: \_\_\_\_\_  
Signature of Unit Americanism Chairman: \_\_\_\_\_

**Unit Winner due to Department on March 15, 2024**

**Department: WI Signature of Department Chairman: \_\_\_\_\_**

**Send to: Diane Burkhalter, 409 Briarwood Lane, Port Washington WI 53074**