

**DEADLINE
EXTENDED**

12/15



**STATE OF RHODE ISLAND DR MARTIN LUTHER KING JR.
HOLIDAY COMMISSION**

ESSAY CONTEST ENTRY FORM

(EMAIL FORM TO MLKRICommission@gmail.com)

_____	_____	_____	_____
Student Name	Last Name	School	Grade
_____	_____	_____	
Student Email	Student Phone Number	Principal	

PARENT/GUARDIAN

I hereby grant _____ permission to participate in the State of RI Dr. Martin Luther King Jr. Holiday Commission's Essay Contest. I understand that if my child's essay is selected as a winning entry, he/she may be expected to read aloud his/her composition at the MLK Virtual Celebration scheduled for Monday, January 18, 2021. I further authorize the Commission and/or the Providence Journal to capture photos, videos of my child for marketing/promotional purposes. Additionally, I certify that my child's submission is his/her original work and does not contain plagiarized content. I understand that my child's entry may be disqualified if it is found in violation of this agreement. No entries are returned. Contest judging is performed by a delegation of Commissioners, representatives of the Providence Journal and community volunteers.

_____	_____	
Parent/Tutor Name	Parent/Tutor Phone Number and Email	
Address _____		
_____	_____	_____
City and Zip Code	Signature	Date