

Fortnight for Freedom: June 21 to July 4, 2013 Student Speech Competition: Grades 7 & 8

Winning Speeches to be Read by their Authors at the June 29 Rally for Religious Freedom

Catholics for Freedom of Religion and Long Island Attorneys for Religious Liberty would like to invite students in grades 7 and 8 enrolled in the Catholic Schools within the Diocese of Rockville Centre to participate in a speech competition in support of every American's 1st Amendment right to Freedom of Religion. Contest rules are as follows:

- 1-Contestants will research and write an original speech on the history of our 1st Amendment commenting/explaining either:
- Why our Founding Fathers believed Freedom of Religion should be the right of all Americans...
 OR
- In what ways our 1st amendment Freedom of Religion has been good for America.
- 2- The speeches are to be approximately two minutes in length when spoken.
- 3- The speeches will be submitted to the student's school principal no later than May 31, 2013.
- 4- Speeches will be submitted printed on standard white paper with no graphics, artwork, borders or other special formatting.
- 5- The attached cover sheet will be completed by the student and stapled behind the last page of the speech for purposes of identifying and contacting the student.
- 6- The copies of the speeches submitted will not be returned. Students are responsible for retaining their original work.
- 7- All speeches submitted will be evaluated by a panel of representatives of Catholics for Religious Freedom and the top two speeches will be presented by their authors at the June 29 Rally, "Religious Freedom: Our First Amendment Right" at St John the Baptist High School in West Islip, which will be held from 10 am to 1pm.

- 8- The two authors of the winning speeches will each receive a \$100.00 cash award in recognition of their work.
- 9- Students who participate agree that the decisions of the panel are final.



www.CatholicsforFreedomofReligion.org

Religious Freedom: Our First Amendment Right SPEECH COMPETITION CONTACT INFORMATION

| Student address: | |
|------------------------------|--|
| Student phone contact: | |
| School: | |
| Grade level: | |
| Parent name: | |
| Student name: | |
| Date submitted to principal: | |