7th Annual Dr. Martin Luther King Jr Oratorical Contest Application

Sponsored by The Killeen Alpha Education Foundation In Conjunction With Alpha Phi Alpha Fraternity, Inc. Kappa Sigma Lambda Chapter

Brother Riakos Adams
Foundation Chairman



Brother Damascus Ross Chapter President

Greetings,

The Killeen Alpha Education Foundation In Conjunction with Alpha Phi Alpha Fraternity Inc. Kappa Sigma Lambda Chapter are sponsoring the Dr. Martin Luther King Jr. 7th Annual Oratorical Contest for males in grades 8-12. This competition will be held on January 13, 2024 at 9:06 am at Anderson Chapel A.M.E Church, 1002 Jefferis Ave. Killeen, Texas 76542

The competition is a contest designed to motivate males to excel in education. The competition encourages students to express their views on a pre-selected topic and focuses on the ability of the students to communicate orally and in writing. The contest is also designed to give young men experience in public speaking reviewing legal documents as well as provide an opportunity for them to obtain some financial support for their academic needs and pursuits. Participants will receive cash prizes. 1st Place \$500.00, 2nd \$300.00, and 3rd Place \$150.00

The topic of the competition is always considered from the point of view of Dr. Martin Luther King Jr. The topic of the competition for 2024.

Background: What ethical, cultural and moral standards should we use to create AI and confine their behaviors?

Topic for consideration: "In an age where AI's potential for both good and harm is immense, how can Dr. King's emphasis on nonviolence and love influence the boundaries we set for AI behavior?"

Enclosed is a copy of the application for the Oratorical Contest.

Please submit your completed application by **November 17, 2023**.

Thank you very much for your assistance with our program. We look forward to your participation. If you have additional questions or need further clarification please contact Brother Tony Rose 254-458-0353 or Brother Kino Hickey 254-541-8385.

Educationally Yours,

Tony Rose

OVERVIEW

History and Objective

In supporting the fraternity's national program, "Go to High School, Go to College," The objective of the *Contest* is to offer enriching experiences for young men to expand their network of like achievers and mentors, and to further develop skills beyond the scope of the normal high school curriculum, while providing college readiness experiences and character building tools that would assist them in the future years.



Professional and Academic Enrichment

Participants will enhance their public speaking skills by participating in the Oratorical contest. Participants will be provided two sessions to work with their mentor in developing their speech on the provided topic. The winner of the oratorical contest receives a cash prize. 1st place \$500.00, 2nd place \$300.00, and 3rd place \$150.00

Requirement for Participants

Male high school students (Freshman to Senior)
Exemplifies good character
Participates in extracurricular activities
Demonstrates leadership abilities

Application Process

- A complete application must include ALL of the following with Parent(s)/Guardian signature:
 - □ Application
 □ Emergency Contact & Medical Information
 □ Waiver of Liabilities

Completed Applications must be post marked or emailed by November 17, 2023 to:

MLK Oratorical Contest c/o Tony Rose Post Office Box 397 Killeen, Texas 76540 or 2144merritt@gmail.com

2. Following submission of completed application, the applicant and his Parent(s)/Guardian(s) will be contacted by one of the committee members with Orientation information for the Oratorical Contest Guidelines and Expectations.

*If at any point in time, you have any questions or concerns throughout the application process and thereafter, please feel free to contact any of the members below:

Program Chair
Tony Rose
254-458-0253
2144merritt@gmail.com

Program Co-Chair
Kino Hinkley
254-541-8385
kino.hickey@gmail.com

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APPLICANT INFORMATION						
First:	Middle:		Last:			
Date of Birth:	Age:		Shirt Size:			
Street Address:						
City:	State:		Zip:			
Home Phone:	Cell Phone:	Email:				
PARENTAL/GUARDIAN INFO	ORMATION					
Name:		Name:				
Address:		Address:				
City: State:	Zip:	City: State: Zip:		Zip:		
Home Phone: Cell Pho	one:	Home Phone:		Cell Pho	one:	
Email:		Email:				
Relationship:		Relationship:				
EMERGENCY CONTACT	· · · · · · · · · · · · · · · · · · ·					
Best person who is easily reachable in case of emergency Name of relative not residing with you: Relationship:						
Address:	Phone:					
City:	Zip:					
Any specific emergency contact in		zip.				
MEDICAL INFORMATION	moole ete					
In the event of any trips, activities, meals, etc. Any Medical Concerns: □ Yes □ No Medications? □ Yes □ No						
Do you have any allergies (i.e. food, medication, seasonal, etc.)? Yes No						
If Yes to any of the above, please explain:						
Any specific emergency procedure instructions?						
Physician Name: Address: Phone:						
JOB INFORMATION						
Do you work? ☐ Yes ☐ No Employer:						
Position:	How often?					
Name of Supervisor:	Phone:					
EDUCATION INFORMATION	T				_	

High School:					
Advisor:		Email:			
Year: Freshmen Sophomore Juni	ior Senior	GPA (weighted a	and unweighted):		
What are your 2 favorite subjects:	favorite 1:		2:		
What are your 2 least favorite subjects:	1:		2:		
How would you rate your attendance?	□ Excellent □ Average □ Poor				
Have you been suspended in the last 2 years?	□ Yes □ No	If so, why?			
What are your post-graduate plans?	\square Technical College \square 4-year University \square Military \square Other				
If other, please briefly explain:					
Top 2 Colleges/Universities choices:	1:		2:		
What do you plan to major in?	What do you plan to major in?				
What are your career aspirations?					
EXTRACURRICULAR ACTIVITIES					
Do you participate in sports or act ☐ No	ivities? □ Yes	Do you voluntee. Yes □ No	r/perform commu	nity service?	
Activity	How often?	Acti	ivity	How often?	
1:		1:			
2:		2:			
3:		3:			
4:		4:			
5:		5:			

APPLICATION CERTIFICATION
I,
Signature of Applicant:
Date:
Signature of Parent/Guardian:
Date:

- Liability Waiver for	(applicant)
RELEASE FOR MEDICAL TREATMENT	
In the event of an emergency and the inability of the Killed or Alpha Phi Alpha Fraternity, Inc. to obtain my consent Alpha Phi Alpha Fraternity, Inc to authorize any medical qualified physician or surgeon shall deem prudent for massociated from these actions.	at, I hereby give permission for treatment or surgery in which a
Signature of Parent/Guardian:	
	Date:
Signature of Parent/Guardian:	
	Date:

PHOTO RELEASE

I authorize the Killeen Alpha Education Foundation and Alpha Phi Alpha Fraternity, Inc. to use photos and/or other likeness of myself, my child, or the child for whom I have legal guardianship and who is participating in the *MLK* Oratorical contest for promotional materials regarding youth mentoring. Such likenesses will not be sold to other parties. Promotional materials bearing these likenesses may be distributed for free to the public and posted on the chapter's website and social media platforms. Alpha Phi Alpha Fraternity, Inc reserves the right to use any photo or likeness for a time period beginning when this form is signed and ending upon written request by participant, parent or legal guardian

Signature of Parent/Guardian:
Date:
Signature of Parent/Guardian:
Date:
PARENTAL PERMISSION
I hereby give permission for my child to participate in the <i>MLK</i> Oratorical Contest. I understand that the Killeen Alpha Education Foundation and Alpha Phi Alpha Fraternity, Inc. is not responsible for personal injury or loss of property. I understand that participants are free to leave the program at any time. I agree to immediately update this application when any information changes or contact the Program Director should I have any concerns.
Signature of Parent/Guardian:
Signature of Parent/Guardian:
Date: