

2019 HCA Legislative Essay Contest Application Form

Student Name	
School Name	
Grade	
Birth Date (Mon. & Yr.)	
Student Email Address	
Student Signature & Date	
Mailing Address	
Parent Name	
Parent Phone No.	
Parent Email Address	
Parent/Legal Guardian Signature & Date	
Disclaimer	By signing above, the above named student and his/her parent/Legal Guardian agree to release copyright of his/her essay to HCA, and approve to let HCA publish his/her essay on HCA's website or other HCA publications where HCA sees appropriate

Please send your questions to: hcatx2014@gmail.com