

Submission Form

Thomas Wolfe Memorial Writing Competition 2025

By signing below, I acknowledge that the story I composed was written entirely by myself and based on my own experience. *If submitting digitally, your typed name will serve as your signature.

Student Name: _____

Student Signature: _____

Please list the following on the three lines below: your name, the title of your story, your grade, and the name of your school or home school:

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By signing below, I acknowledge that I am the guardian of the student entering the Student Writing Competition. *If submitting digitally, your typed name will serve as your signature.

Guardian Name: _____

Guardian Signature: _____

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