



2025-26 Forensics Team Scholarship Application ____

Last Name	First Name	Middle Initial	Student ID	
Street Address	City		State Zip	
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Email Address	Home Phone Numb	oer	Cell Phone Number	
. Competitive Speecl	n and/or Debate Rela	ated Experience	es/Awards	
(attach additional pages, if necess		•		
II. Audition Information An audition is required. The Speech auditions consist of the state of t	e director of the forensics to	eam will contact you	ı to schedule the audition.	
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V. Submission of Form

Email completed form to Mr. Eric Mishne, Forensics Team Coach, at **ericmishne@cedarville.edu**.