

The Adam A. Milani Disability Law Writing Competition
Entry Form

Please type or print clearly.

Name of Student: _____

Student's Current Mailing Address:

Student's Permanent Mailing Address:

Student's E-mail: _____

Student's Phone: _____

Name and Address of School:

Expected Graduation Month and Year: _____

Faculty Advisor's Name: _____

Phone: _____

Email: _____

I understand that the selection of the winning entry is the sole responsibility of the Adam A. Milani Disability Law Writing Award Selection Committee, and I acknowledge that I have been provided with a copy of the competition procedures, to which I agree.

Date: _____ Student's Signature: _____

Employees of Mercer University School of Law (other than students working fewer than 20 hours per week) are ineligible to enter the competition.