OVERVIEW:

We are looking for motivated and talented high school students to submit a brief Public Service Announcement (PSA) video addressing the dangers and negative effects of vaping/use e-cigarettes and ways to avoid peer pressure.

OBJECTIVE:

The goal of the Anti-Vaping Public Service Announcement (PSA) Contest is to educate other students and the community about the dangers and risks associated with vaping/e-cigarette use and therefore prevent students from engaging in vaping.

PRIZE:

$500.00 Grant Award for School/Video Broadcast Program
Student/Team Recognition Ceremony (Award/Trophy/Principal recognition)
Student/Team Party (lunch party, pizza party, etc.)
Recognition at a School Board Meeting
PSA posted on District’s social media, FCStv, and share with local media.

WHAT EXACTLY IS VAPING?

Vaping is the popular term for using electronic cigarettes or vaporizers – devices that heat up small quantities of liquid, oil, or leaves until they produce an inhalable vapor. Vaping contains harmful chemicals and the goal is to help students understand prevention is key. Vaping has become a national problem and much of the advertising is directed specifically to youth and teens. Also, it is ILLEGAL for anyone younger than 18 years to vape!

FOR MORE INFORMATION ON VAPING – GO HERE:
https://childmind.org/article/teen-vaping-what-you-need-to-know/
https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm

VIDEO SUBMISSION:

1. Can be a movie film, animation, stop-motion graphics, live action, interview style, silent film with posters - just have fun and get creative!!!
2. Videos should be no longer than 3 minutes
3. Student can work as teams or individually
4. All students must obtain parental consent and complete the attached entry form
5. Videos will be judged by originality, creativity, impact and overall message on the dangers of vaping
6. All videos become property of Fulton County Schools
7. Submitted to the Department of Communications, attention Samantha Maxey

WHAT CANNOT BE IN YOUR MESSAGE:

The actual act of vaping is NOT allowed in submission video.

SUBMISSION REQUIREMENTS:

Students must complete the official Fulton County School District Anti-Vaping Entry Form and submit it at the same time you submit the video. You may use any of the following formats: AVI, FLV, WMV, MOV, or MP4. Videos can be submitted via download to a flash drive and sent through district mail (see front office of your school) or electronically (further instruction to come). The official entry form must be signed by the student and a parent/legal guardian.

Submissions due: May 8, 2019
Winner to be Announced: May 15, 2019

For any questions, please contact Rob Love at 404-593-4210
Fulton County Schools
STUDENT LEAD ANTI-VAPING VIDEO PSA CONTEST
ENTRY FORM

This entry form should be submitted electronically, emailed, or sent via district mail with your submission to our district office by
12:00 pm on May 8, 2019

Contact Information:
6201 Powers Ferry Road NW.
Atlanta, GA 30339
Email: communications@fultonschools.org
Phone: 404-593-4210

***NOTE: If working in a group, EACH student and his/her parent or guardian must sign and submit an Official Entry Form to enter the contest. ***

I acknowledge that:

☐ I have supplied accurate information on this Official Entry Form.
☐ I understand that if copyrighted material is used without permission, it will result in automatic disqualification.
☐ I understand that the video I have submitted may be shared by the Fulton County Schools for prevention, education, awareness, and general communication purposes.
☐ Everyone featured in this video has given expressed consent for their participation.

    With my signature below, I confirm that all is true.

Contact information:

Student Name: ____________________________________________

Name of Video: ____________________________________________

Name of Other Students (if working as a group): __________________________

________________________________________________________

Link to Online Video URL or Subject Title of Submitted Email: __________________________

Student Phone: __________________________

Name of School Attending: __________________________

Name of Teacher (if video was developed in a class): __________________________

Student Signature: __________________________ Date: __________________________

Parent/Guardian Signature: __________________________ Date: __________________________

(Your typed name constitutes an electronic signature.)