



ENTRY FORM

NAME OF APPLICANT _____

GRADE/OCCUPATION _____ AGE _____

DISABILITY _____

ADDRESS: _____

NAME OF SCHOOL – if currently enrolled: _____

RACE/ETHNICITY: _____

TITLE/ARTIST STATEMENT (tell us what you sent and why you hope it will be featured in our next issue of **YEP**)

PARENT NAME _____

PARENT PHONE _____

PARENT SIGNATURE (required if the entrant is under 18, or is under guardianship.)

YOUTH or YOUNG ADULT'S SIGNATURE if over 18 and not under guardianship

PARENT EMAIL _____

YOUTH or YOUNG ADULT'S EMAIL _____

*Signature authorizes publication and display of entrant's entire first name and first initial only of last name, age, county, photo, and artwork in YEP Young Exceptional Perspectives, ECAC's quarterly online newsletter.

If this entry is chosen, is it okay if we mention the entrant's disability? For example: "This featured entry is from Joey C, age 15 of Wake County. Joey has a diagnosis of Autism."

- YES NO

Please email this completed form, a photograph of yourself and your talent entry to: ecacyouth@ecacmail.org

Questions? Please contact ECAC at 1-800-962-6817 or acombs@ecacmail.org

DEADLINE for submissions for our January 2022 Edition of YEP is December 31, 2021.

Selected entries will be notified by email and will receive a \$25 Visa Gift card in the mail.