





NAME OF APPLICANI	
GRADE/OCCUPATION	AGE
DISABILITY	
ADDRESS:	
NAME OF SCHOOL – if currently enrolled:	
RACE/ETHNICITY:	
TITLE/ARTIST STATEMENT (tell us what you sent and why you he featured in our next issue of <b>YEP</b> )	
PARENT NAME	
PARENT PHONE	
PARENT SIGNATURE (required if the entrant is under 18, or is u	nder guardianship.)
YOUTH or YOUNG ADULT'S SIGNATURE if over 18 and not und	ler 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."

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

**Questions?** Please contact Aimee Combs, Parent Educator at 1-800-962-6817 or acombs@ecacmail.org

DEADLINE for submissions for our October 2022 Edition of YEP is 5:00 pm on October 7, 2022.

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