





ENTRY FORM

ALL fields must be completed in order to be considered

NAME OF APPLICANT	
GRADE/OCCUPATION	BIRTHDATE
DISABILITY	
COUNTY:	
NAME OF SCHOOL – if currently enrolle	d:
RACE/ETHNICITY:	
TITLE/ARTIST STATEMENT (Please tell us wi featured in our next issue of YEP)	nat you sent and why you hope it will be
I am submitting:	
Person completing this section (if not th	e youth's own words):

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

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

Questions? Please contact Mandy Sonnenberg, Assistant PTI Manager at 1-800-962-6817 or <u>asonnenberg@ecacmail.org</u>

DEADLINE for submissions for our October 2023 Edition of YEP is October 17, 2023.

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

^{*}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.