



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.

We only accept entries from youth and young adults with disabilities that reside in North Carolina. Does the applicant meet this criteria?

▫ YES NO

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

Questions? Please contact Anastacia Newton at 1-800-962-6817 or anewton@ecacmail.org

DEADLINE for submissions for our October 2025 Edition of YEP is Wednesday, September 17, 2025 at 5:00pm.

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