



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 in our next issue of YEP)	will be featured
PARENT NAME	
PARENT PHONE	
PARENT SIGNATURE (required if the entrant is under 18, or is under g	guardianship.)
YOUTH or YOUNG ADULT'S SIGNATURE if over 18 and not under gua	ardianship

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 Mandy Sonnenberg, PTI Manager at 1-800-962-6817 or asonnenberg@ecacmail.org

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

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