



The Scholastic Art Awards Entry Form 2005

For your convenience, this Entry Form has been formatted to allow you to complete the form online. Complete the form and print TWO copies. Student, teacher, and parent/guardian must sign BOTH copies. Submit forms with work, prepared in accordance with our guidelines. Entries submitted without two complete, legible and signed entry forms will be disqualified. Entry form may be photocopied. Only original signatures can be accepted.

REGIONAL SPONSOR USE ONLY

REGION-AT-LARGE SCHOOL CODE

(Required only for schools located in an unsponsored region)

STUDENT NAME: First _____ Last _____

Home Street Address (No P.O. Boxes, please) _____

City _____ State _____ Zip _____

Grade _____ Age _____ E-mail _____

Phone (w/area code) _____ Fax (w/area code) _____

SCHOOL NAME: _____

School Street Address (No P.O. Boxes, please) _____

City _____ State _____ Zip _____

Phone (w/area code) _____ Fax (w/area code) _____

TEACHER(S) NAME: Dr. Mr. Ms. First _____ Last _____

Dr. Mr. Ms. First _____ Last _____

E-mail address _____

PRINCIPAL NAME: Dr. Mr. Ms. First _____ Last _____

Last Day of School _____

Check only one box:

GROUP I (grades 7, 8, 9) GROUP II (grades 10, 11, 12)

INDICATE CATEGORY (Check only one box): ANIMATION CERAMICS & GLASS COMPUTER ART

DESIGN: Apparel Graphic Installation/Environmental Jewelry Plans/Models Product

DIGITAL IMAGERY DRAWING MIXED MEDIA (INCLUDING ALL BOOKS) PAINTING PHOTOGRAPHY

PRINTMAKING SCULPTURE VIDEO & FILM

Dimensions _____ Title _____

Description/Process _____

(Student may attach a separate page detailing the process used to create work.)

For photographs: Did you develop/process/enlarge your own photos? Check all that apply: Develop Process Enlarge

COPYRIGHTS RELEASE:

I HAVE READ AND FULLY UNDERSTAND ALL REQUIREMENTS FOR THIS PROGRAM, INCLUDING THE *AUTHORSHIP/PLAGIARISM* SECTIONS IN THE SCHOLASTIC ART AWARDS FORM. I AGREE TO THE TERMS OF THE PROGRAM, INCLUDING THE RELEASE OF COPYRIGHT RIGHTS CONTAINED IN THE COPYRIGHT RELEASE SECTION. BY MY SIGNATURE, I GRANT PERMISSION TO THE ALLIANCE TO PUBLISH, IN ALL PRINT AND ELECTRONIC MEDIA, THE STUDENT'S NAME, AGE, NAME AND LOCATION OF THE SCHOOL. I HEREBY AGREE TO PARTICIPATE IN A PROGRAM WHEREBY THE ALLIANCE WILL RELEASE THE INFORMATION GIVEN ABOVE TO COLLEGES AND UNIVERSITIES INTERESTED IN RECOGNIZING AND SUPPORTING YOUNG ARTISTS AND WRITERS. I UNDERSTAND THAT SPONSORS ASSUME NO RESPONSIBILITY FOR LOST OR DAMAGED WORK. I UNDERSTAND NON-WINNING WORK WILL NOT BE AVAILABLE UNTIL JUNE 2005, SLIDES WILL NOT BE RETURNED AND NATIONAL AWARD-WINNING WORK WILL BE HELD FOR UP TO 2 YEARS.

Student Signature _____ Date _____

Teacher Signature _____ Date _____

Parent/Guardian Signature _____ Date _____