

YOUNG AUTHORS' CONTEST COVERSHEET

2020 - 2021

Please type or print clearly using dark pen. Information will be used for digital publication. Scan and submit to your teacher as a PDF.

| | Scan | Scan and submit to your teacher as a PDF. | | | | |
|--|--|---|---------------------------------------|---------------------|--------------------------------------|--|
| Student/Author's Name: *Must be included | Student's name as it should appear in the publication | | | | | |
| Preferred Pronouns: | Circle one: | he/him | she/h | er | they/their | |
| Home Address: | Street address: | | | | | |
| | city, state. zip: | | | | | |
| Home Phone: | | | | | | |
| Parent's Email Address: *Must be included | | | | | | |
| Student Email Address (Optional) | (For high schoolers o | only) | | | | |
| Teacher's Email Address: | | | | | | |
| School Name & Address: (Full Address with zip code) | | | | | | |
| Grade: | | | | | | |
| Teacher: (First & Last Name) | Mr./Mrs./Ms | . (circle one) | | | | |
| Local Reading Chapter: *Must be included | | oward Coun | ity Literacy | y Associ | ation | |
| Title of Entry: | Title: | | | | | |
| | Circle of | ne: POE | M (P) S | SHORT S | TORY (SS) | |
| Parent Permission | | | | | | |
| I,Print/type first a | nd last name | , attes | t to the auth | nenticity | of my child's | |
| original work and give permiss reproduce his/her work in an ar | sion for SoMLA | | | | | |
| Parent Signature: | | | | Dat | e: | |
| (Signature is required) ************************************ | • * * * * * * * * * * * * * * * * * | ጐ ጐ ጐ ጐ ጐ ጐ ቊ ቊ ቊ ቊ ጥ ጥ ጥ | • • • • • • • • • • • • • • • • • • • | **** | ኑ ጭ ጭ ጭ ጭ ጭ ጭ ጭ ጭ ጭ ጭ ጭ ጭ ጭ | |
| For local chapter coordinator's use | | ጥ ጥ ጥ ጥ ጥ ጥ ጥ ጥ ጥ ጥ ጥ ጥ ጥ | · · · · · · · · · · · · · · · · · · · | ·ጥጥጥጥጥ [*] | r ጥ ጥ ጥ ጥ ጥ ጥ ጥ ጥ ጥ ጥ ጥ ጥ ጥ ጥ | |
| Entry Type & Judging ID Nur | mber (ie-"P1" o | r "SS4"): | | | | |