

# **STUDENT** **POSTER** **SUBMISSION**



(Please fill out this form completely and accurately)  
Must be sent by 5:00 PM on April 10, 2025 with the  
Applicant's artwork file to: thearts@artsliveva.org

## **1. Personal Information**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## **2. Academic Information**

Grade/Level: \_\_\_\_\_  
School Name: \_\_\_\_\_  
Teacher Name: \_\_\_\_\_  
Teacher Email: \_\_\_\_\_

## **3. Submission Description**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **4. Teacher**

I verify this applicant has submitted  
original art.

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## **5. Declaration**

I, the undersigned, declare that all the  
information provided above is true and  
accurate to the best of my knowledge. I  
understand that, if I am the winner, I  
am required to submit the original art to  
ArtsLIVE! and I give permission for my  
artwork and name to be used for  
marketing purposes.

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## **Parent/Guardian permission (if Applicant is under 18)**

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Contact #: \_\_\_\_\_