



Connecticut Regional Scholastic Art Awards Accepted Artwork Submission Form

**Fill out completely and attach to the back of the artwork prior to delivery.
MUST be signed by student and teacher.**

(Home School, have parent sign. Artwork was not created with a teacher; teacher signature can be left blank.)

Student Name: _____ **Student Grade:** _____

Artwork Title: _____ **Artwork Category:** _____

School Type:

☐ Public School

☐ Private School

☐ Home School

☐ Independent Student

☐ Other Art Program/Studio

School/Other Program Name: _____

School/Home School/Other Program Town: _____

Art Teacher Name: _____

Art Teacher Email: _____

☐ I did not create this work with an art teacher.

I affirm that all information entered through the Online Portal is true and accurate. I further agree and acknowledge that the Alliance has the authority, in its sole discretion, to revoke any awards issued by the Alliance in the event the Alliance determines that a submission does not meet the requirements of the Participation Terms or other Alliance policies; the Alliance assumes no responsibility for lost or damaged work; if any element of the submission requires rights releases, all rights and permissions have been obtained, as required by law.

I have read, fully understand, and agree to all requirements for participating in the Scholastic Art & Writing Awards as outlined above, in the guidelines, and in the Participation Terms (including the Copyrights Release, Copyright & Plagiarism, and Terms of Artwork Return policies).

Student Signature: _____ **Date:** _____

Teacher Signature: _____ **Date:** _____