

2018 ARIZONA CHILD OF THE YEAR OFFICIAL CONTEST ENTRY FORM

All applications must be received no later than Saturday, February 10, 2018

Name: _____ Date of Birth: ___/___/___ Age: _____

Parent/s' or Guardian/s' Name: _____

Address: _____ City/State/Zip: _____

Family's Phone Number: _____ email: _____

Sponsoring ArSHA member: _____

Organization/Work site: _____

Address: _____ City/State/Zip: _____

Sponsor's Phone Number: _____ email: _____

ArSHA member sponsor: PLEASE INCLUDE THE FOLLOWING ALONG WITH YOUR SUBMISSION:

1. A photo with good reproducibility (Please submit picture as an email attachment.)
2. A brief biographical sketch of the child.
3. A brief description of the child's communication disorder.
4. A general description of the child's current communication skills.
5. A general description of the child's education/rehabilitation experiences.
6. A summary of the child's accomplishments and personality/character.

PHOTO RELEASE: This release also serves as permission for the child to be entered in the 2018 Arizona Child of the Year Contest and must be signed by a parent or legal guardian.

I hereby, voluntarily and without compensation, authorize the use of photographs and biographical information about my son/daughter, _____, by the 2018 ArSHA Child of the Year Committee as part of the 2018 Arizona Child of the Year Contest. I understand photographs and this information may be used in the Arizona "May is Better Hearing and Speech Month" publicity or other ArSHA materials.

Parent/Guardian Signature _____ Date _____

Send entries to:
arsha@arsha.org