



2024 PBS KIDS Writers Contest Entry Form

Child's Name _____ Age _____

Child's Mailing Address _____

City/State/Zip _____ County _____

Phone (_____) _____ Circle Grade: Kindergarten 1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade

Title of Story _____

Number of Words _____ Word count range: Grades K-1 minimum-50, maximum-200
(The word count includes "a," "an," & "the.") Grades 2-3 minimum-100, maximum-350
Grades 4-5 minimum-150, maximum-550

Number of Illustrations _____ (minimum of 5) How did you hear about the contest? _____

****What is your local PBS Station (Required)?** _____

Only one entry per child. Only single author stories (no co-authors) • Story must be original work of the child • Original art can include drawings, collages, 3D and photos taken by the author • Story may be fact or fiction, prose or poetry • Use only one side of the paper • Number each page on the back • Text must be printed/written legibly or typed • Children who can't write may dictate their story to be printed or typed • Invented spelling is accepted • Story text may be on pages with illustrations or on separate pages • Non-English text must be translated into English text on the same page and the translated English text must adhere to the word count • Word count includes "a" "an" "the" but not words on nonstory pages (e.g. title page) or those that enhance illustrations. **Entries will not be returned.** Please submit a copy. If you would like your entry returned, you must include a self-addressed envelope with the appropriate postage.

I acknowledge that I have read the Contest rules & regulations prior to signing this and that I understand the rules.

Required:

Parent/Guardian Signature _____ Email address: _____

Printed Name: _____ Date: _____

I want my entry returned and I have included a self-addressed envelope with the appropriate postage

If different from the above address:

Mailing Address: _____ City/State/Zip: _____

Phone :(_____) _____

For School Entry:

Teacher Signature _____ Email address: _____

Printed Name _____ School Name: _____

School Mailing Address _____

City/State/Zip _____ School Phone (_____) _____



Mail to: **Entries MUST be postmarked by March 31, 2024**

Education Department
West Virginia Public Education
600 Capitol Street
Charleston, WV 25301

OR

scan this entry form and story
email to
education@wvpublic.org

