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### 2025 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 (\_\_\_\_\_) \_\_\_\_\_



**Entries MUST be postmarked by March 28, 2025**  
Mail to:  
Education Department  
West Virginia Public Broadcasting  
600 Capitol Street  
Charleston, WV 25301

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