

# JURIED ART CONTEST FOR ARTISTS WITH DISABILITIES

## “EMERGE, SEEK, CONNECT”



Logo by: Dan “King Gimp” Keplinger

IN THE SPIRIT OF ELLENE “BRIT” CHRISTIANSEN

*Sponsored by the Ellene “Brit” Christiansen Memorial: <https://britmemorial.com/>*

Three Age Categories:

Elementary(5 yrs. to 13 yrs.), Secondary(14 yrs. to 21 yrs.), Adult(22 & up)

Eligibility: Artists with disabilities who are Maryland residents.

Requirements: One submission per artist, completed entry/release form signed by parent or legal guardian of artist or adult artist.

Deadline for Submissions: **Monday, February, 21, 2022.**

Medium: Drawing, painting, digital art, printmaking, sculpture, mixed media, or photography.

Abstract or representational subject matter conveying:

“Emerge, Seek, Connect”

*(However the artist interprets these concepts/feelings.)*

\*No copyrighted imagery. Artwork must be an original creation by artist.

**Submissions will be judged by jurors on the following criteria:**

-Authentic mark making/creation by the artist.

-Demonstrates persistence.

-Craftsmanship.

-Conveys theme of “Emerge, Seek, Connect”

**COMPLETED APPLICATION/RELEASE FORM AND A 300DPI JPEG IMAGE OF THE ARTWORK SENT VIA EMAIL TO: [britmemorial@gmail.com](mailto:britmemorial@gmail.com) by February 21, 2022**

*\*A \$25 gift card to Michaels Arts and Crafts for the 1<sup>st</sup> hundred applicants in each age category.*

**PRIZES: (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> places for each age category)**

**First place: \$1,000, Second place: \$500, Third place: \$250**

Winners will be notified/announced by the end of March 2022.

Questions should be sent to [britmemorial@gmail.com](mailto:britmemorial@gmail.com)

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**Application/Release Form:**

Artist’s First Name: \_\_\_\_\_

Artist’s Last Name: \_\_\_\_\_

Artist’s Address: \_\_\_\_\_  
\_\_\_\_\_

Artist’s Age Category: \_\_\_ (5yrs.-13 yrs.) \_\_\_ (14yrs.-21 yrs.) \_\_\_ Adult

Artist’s School or Association Affiliation: \_\_\_\_\_

*\*For artists in the 5yrs. through 21 yrs. categories and adults when applicable.*

Parent/Guardian’s First Name: \_\_\_\_\_

Parent/Guardian’s Last Name: \_\_\_\_\_

Parent/Guardian’s Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

TITLE OF ARTWORK: \_\_\_\_\_

MEDIA: \_\_\_\_\_

Artist statement/description can be attached, but is not required.

*By signing this release, you give the Ellene “Brit” Christiansen Memorial perpetual royalty free license to reproduce the artist’s artwork in order to promote the Ellene “Brit” Christiansen Memorial with marketing material such as, but not limited to, brochures, public information, and social media.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian of Artist

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Artist