

JURIED ART CONTEST FOR ARTISTS WITH DISABILITIES

“My Favorite Place”

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, 17, 2025.**

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

Abstract or representational subject matter conveying:

“My Favorite Place”

(However the artist interprets this concept/feeling.)

***No copyrighted or AI generated imagery.** Artwork **must** be an original creation by the artist.

Submissions will be judged by jurors on the following criteria:

- Authentic mark making/creation by the artist.
- Creative and original interpretation of the theme “My Favorite Place” (**Abstract or representational.*)
- Composition. (**Have the art elements been arranged in an aesthetically pleasing way?**)
- Technique. (**Does the artwork appear to be complete? Are skill, persistence, and/or experimentation evident?**)

COMPLETED APPLICATION/RELEASE FORM AND A 300DPI JPEG IMAGE OF THE ARTWORK SENT VIA EMAIL TO: britmemorial@gmail.com by February 17, 2025.

***A \$25 gift card to Michaels Arts and Crafts for the first hundred applicants in each age category (except for 1st, 2nd, and 3rd place winners).**

PRIZES: (1st, 2nd, 3rd places for each age category)

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

***Eight additional Brit Board of Directors prizes for each age category in the amount of \$100 each.**

Winners will be notified/announced by the end of March 2025.

Questions should be sent to 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