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2024-2025
COVERSHEET

YOUNG AUTHORS' CONTEST

2025

Student/Author's Name: *Must be included	Student's name <i>as it should appear in the publication</i>
Student/Author's Pronouns (if applicable)	
Student/Author's Home Address:	<i>(Street, city, state, zip)</i>
Student/Author's Email Address: (if applicable)	
Student/Author's Home Phone:	
Parent's Email Address: *Must be included	
Teacher's Email Address:	
School Name & Address: <i>(Full Address with zip code)</i>	Manor Woods Elementary School 11575 Frederick Rd Ellicott City, MD 21075
Grade:	Grade: _____
Teacher: <i>(First & Last Name)</i>	Mr./Mrs./Ms./Dr. (circle one) _____
Local SoMLA Chapter: *Must be included	Howard County Literacy Association
Title of Entry:	Title:
Category:	<i>Circle one:</i> POEM (P) SHORT STORY (SS)
Word Count of Entry:	(Please check Guidelines for limit)

Parent Permission

I, _____, verify that the submitted work is entirely original and was produced
Print first and last name
 without the use of any artificial intelligence tools or assistance. The content reflects my own thoughts, ideas, and writing skills, and I can affirm that no automated systems or algorithms were involved in its creation. I take full responsibility for the authenticity and integrity of the work, ensuring that it is free from any AI-generated or pre-existing content. Plus, you give SoMLA and local SoMLA chapter representatives the authorization to publicize my child's name and reproduce his/her work in an anthology of writing in the event (s)he becomes a local/state winner.

Parent Signature: _____ **Date:** _____