

Newaygo County Mental Health Center

1049 NEWELL STREET, P.O. BOX 867, WHITE CLOUD, MI 49349
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Poetry Contest

October 29, 2021

In an effort to raise awareness of mental health issues and reduce stigma, the Promotion & Education Committee of Newaygo County Mental Health (NCMH) will be holding a "Poetry Contest". The **TOP TWO** winning entries in each category and age group will receive \$100 for first place and \$50 for second place. The winning poetry will be displayed in public areas within Newaygo County Mental Health, published in Near North News, Times Indicator, and posted on NCMH Facebook page.

To participate, the artist must be a *current High School student or an Adult 18 years or older*. All participants must comply with all entry and participation rules as stipulated below.

1. Two categories to choose from:
 - 1) Suicide Prevention
 - 2) Mental Health Issues and Recovery
2. Up to three (3) entries of poetry may be submitted by each person. A release of information must be submitted for each poem entry.
3. Maximum lines of poetry: 24 lines
4. Poem must be **original work**. Entries will be disqualified if poetry is plagiarized.
5. Poems containing language that is vulgar, offensive, or wholly inappropriate will not be accepted.
6. The NCMH Board of Directors reserves the right to refuse any poetry it deems inappropriate. The committee will be the ultimate arbiter of any issues of dispute beyond the rules and qualifications addressed here.
7. All poems must be submitted by December 1, 2021 to NCMH. Poetry can be submitted via:
 - 1) Email: ncmh@newaygocmh.org
 - 2) Drop off to Newaygo County Mental Health
 - 3) Mail: Newaygo County Mental Health
1049 Newell, PO Box 867
White Cloud, MI 49349
8. All persons must agree to sign a release for information that is disclosed as a result of their poetry submission that may be displayed in public areas. For example, this would be necessary if you have a visible signature on your poetry.
9. Judging will take place December 2 – 7, 2021. All entries will receive a certificate of participation.
10. Any other issues not addressed by the above qualifications and rules will be addressed and resolved by the NCMH Board of Directors.

I understand and agree to the above qualifications and rules of the Newaygo County Mental Health Poetry Contest.

Participant

Date

Guardian/Parent (if applicable)

Date

Poetry Contest

Release of Information

Name: _____

Email: _____

Address: _____

Telephone Number: _____

Please choose a category and age group:

(release of information must be submitted for each entry, up to 3 per person)

_____ Suicide Prevention

_____ Mental Health Issues and Recovery

_____ High School Student

_____ Adult 18 years or older

Title: _____

What is your inspiration or thoughts behind the poem (optional):

If my poem is selected for display in Newaygo County Mental Health:

_____ I understand that the poem submitted to this show will **NOT** be returned to the top two winners in each category and age group. The winner's poems will become the property of Newaygo County Mental Health.

_____ I wish to have my name on my poem while it is on public display and would like my name to appear as:
(for example, your full name; your first name; or your first name and initial of your last name).

_____ I do **NOT** wish to have my name displayed on my poem, while it is displayed in public, please feel free to display in public, but display as "Anonymous".

_____ I do **NOT** wish to have my poem displayed in public.

_____ I authorize the use of my photo, approved name (as written above), poem for display and publication in the local newspaper.

Participant Signature

Witness Signature

Guardian/Parent (if applicable)

Date