

*FRIENDS OF SOUTHERN HILLS and
SOUTHERN HILLS COUNSELING CENTER
24th ANNUAL WRITING CONTEST*



APPLICATION

Student Name (Please Print) _____
Current Grade Level _____ School Name _____
Teacher (first and last name) _____
Short Story Title _____
Student's Signature _____ Date _____

PERMISSION FOR PUBLICATION

Name of Parent(s)/Guardian(s) _____
Home Address _____
_____ _____
Home Phone Number _____

Please check one box:

I grant permission to publish my student's story using **his / her** name (circle one).

I grant permission to publish my student's story anonymously (without publishing **his / her** name) (circle one).

I do not grant permission to publish my student's story.

Parent's Signature

Date

Please give your entry, attached to this completed application form, to your teacher or principal or mail it to directly Southern Hills. **All entries must be received by Southern Hills on or before December 2, 2011, at the following address:**

**Marcy Leuck, Executive Assistant
Southern Hills Counseling Center
480 Eversman Drive, P. O. Box 769
Jasper, IN 47547-0769**