Please print clearly.
Information will be used for digital publication.

STATE OF MARYLAND LITERACY ASSOCIATION

COVERSHEET
2023-2024

YOUNG Authors' CONTEST 2024

Student/Author's Name: ***Must be included**	Student's name *as it should appear in the publication.*
Student/Author's Pronouns **(if applicable)**	
Student/Author's **Home Address:**	*(Street, city, state. zip)*
Student/Author's **Email Address: (if applicable)**	
Student/Author's **Home Phone:**	
Parent's Email Address: ***Must be included**	
Teacher's Email Address:	@hcpss.org
School Name & Address: ***(Full Address with zip code)***	Laurel Woods Elementary 9250 N. Laurel Rd. Laurel, MD 20723
Grade: **Teacher:** *(First & Last Name)*	**Grade:** **Mr./Mrs./Ms./Dr.** ***(circle one)*** **Valenta**
Local SoMLA Chapter: ***Must be included**	**Howard County Literacy Association**
Title of Entry:	**Title: ??????** *Circle one:* **POEM (P)** **SHORT STORY (SS)**

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:** _____