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

2025-2026
COVER SHEET

Please submit, with student's story/poem, to Mrs.Rifkin (the Reading Specialist at TRES), at Lauren_Rifkin@hcpss.org

Printed Student/Author's Name: **Must be included*	*Student's name as it should appear in the publication.*	*Phonetic Pronunciation*
Student/Author's Home Address:	***Address*** *Example: 1234 Elm Street*	***City, State, Zip Code*** *Example: Salisbury, MD 21804*
Student/Author's Email Address: (high school students only)	***Not applicable***	***Circle best pronoun:*** *he she* *OTHER: _____*
Parent's Email Address: *Must be included	*Example: info@somla.com*	
Teacher's Email Address:		
School Name & Address: *(Full Address with zip code)*	School Name **Folly Quarter Middle School**	School Address 13500 Triadelphia Road Ellicott City, MD 21042
Teacher: *(Title, First & Last Name)*	*Example: Mr. Alan Gratz or Ms. Jacqueline Woodson*	*Student/Author's Grade-Level:* _____
Local SoMLA Chapter: ***Must be included**	**Howard County Literacy Association**	
Title of Entry:		*Circle type of entry submitted:* **POEM (P)** **SHORT STORY (SS)**
Word Count	*must be within contest limits	

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. Also, I understand that entries of a violent nature or using inappropriate language for school audiences will be disqualified. 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:** _____