2026 1:26 The Art of Epilepsy Artist Application

Share

Illuminating the Human Experience of Epilepsy Through Art, Storytelling and Community.

Artist Participation Process

Calling All Artists! We invite you to join Hidden Truths Project *1:26 The ART of Epilepsy* in Chicago (October 12-18th - Jackson Junge Gallery) and Newport Beach Civic Center (November 7th).

This powerful exhibit will showcase artists' creativity while advancing advocacy programs for individuals living with epilepsy. Proceeds will help demystify epilepsy through education, foster public understanding and acceptance, improve overall well-being, and make epilepsy a topic openly discussed. **It's where Science merges with ART, and Stories come to LIFE!**

To be considered, please submit a complete application package including your application form, artist statement, and high-resolution images for jury review. Applications must be received by the stated deadline.

DEADLINE FOR SUBMISSION:
August 15, 2026

1. Complete, sign, and date this entry form.
2. Provide a brief background, including a statement about what inspires your creative edge and how epilepsy has influenced your art or well-being. **Please keep it to 350 words or less.**
3. After completing the entry form, please email your artist statement and high-resolution images of the art you would like juried to Dr. Julie Thompson-Dobkin at **hiddentruthsproject@gmail.com**

We will email confirmation if your artwork is selected for display at either exhibit.

PLEASE DO NOT SHIP your art to Hidden Truths Project until you receive shipping instructions at the time of confirmation.

Your artwork may be selected for exhibition in one of the hosting cities or in our online gallery. We will send you a confirmation email to let you know whether your artwork has been selected for display in the online gallery or at either event.

Your Contact Information

First Name: Guy

Last Name : Stoker

Email: guywstoker@icloud.com

Address: 73, Rue Roger Salengro

93110, Rosny Sous Bois, France

Contact Phone: +44 7975 83 5959

ENTRY FORM

Please complete the following. If the applicant is a minor, a parent or guardian's signature is required.

---

1. Certify that each piece of artwork I am submitting is my original work and not a reproduction, preproduction, or copy of any kind. * Yes: **yes** No: ____

2. I understand that by entering my artwork, I am voluntarily participating in the Hidden Truths Project (HTP) exhibition, specifically *1:26 The Art of Epilepsy*, and I do so at my own risk. **I acknowledge that, while every effort will be made to ensure the safety of my artwork, there are inherent risks associated with participation, including potential damage, theft, or loss of the artwork. By submitting my work, I release and hold harmless all members of the exhibiting committee and HTP from any claims, liabilities, damages, theft, or loss arising from my participation in this event. I accept full responsibility for any risks involved and waive any right to seek compensation or recourse in the event of any unfortunate circumstances**.

Certification * Yes: __X__ No: ____
Parent or guardian initials:

---

3. I understand that if my artwork is accepted, it will be displayed in the Hidden Truths Project online gallery on the website and/or at one of the exhibiting cities and may be offered for sale. **I also acknowledge that my artwork will be publicly exhibited and could be used for promotional purposes.**

Certification * Yes: _X___ No: ____
Parent or guardian initials:

4 I understand that this is a fundraising event hosted by the Hidden Truths Project to support epilepsy advocacy programs. **I agree that 25% of the proceeds from the sale of my artwork will be donated to support these programs.**

Certification * Yes: _X___ No: ____
Parent or guardian initials:_____

---

5. I understand that if my artwork is selected for the online gallery, **it is my responsibility to arrange payment and shipping to the purchaser. Please take this into account when pricing your artwork. No exceptions will be made.**

Certification * Yes: _X___ No: ____
Parent or guardian initials:

---

6. I understand that **it is my responsibility** to arrange the shipping of my artwork to the designated gallery for the exhibition.

Certification * Yes: _X___ No: ____
Parent or guardian initials:

---

7. **I would like my artwork to be considered for exhibition in one or more of the following:**

Please exhibit my artwork (mark with X):
• Jackson Junge Gallery, Chicago:
• Newport Beach Civic Center, California:
• HTP Online gallery: **X**

Artist Signature

By completing this field, you confirm that you understand the submission requirements and that all information provided is true and accurate.

Artist full name: * Guy W. Stoker

Date of Submission * August 9th 2026

ARTWORK SUBMISSION #1

All artwork submitted must be gallery-ready, professionally finished, and properly framed, matted, or gallery-wrapped for display and sale in the exhibition or online gallery.

ARTWORK CATEGORIES:

- Ceramics, glass, and 3-D
- Mixed media
- Oil and acrylic
- Pastel and graphics (include pen, pencil, ink, charcoal, and monoprints)
- Photography and digital
- Sculpture (no larger than 2' x 3' and 150 lbs. or less).
- Watercolor
- Writing or music

If you are submitting one piece of artwork ONLY, please write N/A under Title of Submission in #2 and #3.

Title of Submission: Purple Universe

Submission media: music

Submission size: * N/A

Suggested price of artwork: * $10

Framed or Unframed Sizing: * N/A

ARTWORK SUBMISSION #2

Title of Submission: N/A

Submission media: Ceramics, glass, and 3-D Mixed media , Oil, Photography, *digital, Sculpture, Watercolor, Writing, or music

Submission size:

Suggested price of artwork: *

Framed or Unframed Sizing: *

ARTWORK SUBMISSION #3

Title of Submission: N/A

Submission media: Ceramics, glass, and 3-D Mixed media , Oil, Photography, *digital, Sculpture, Watercolor, Writing, or music

Submission size: *

Suggested price of artwork: *

Framed or Unframed Sizing: *

ARTIST STATEMENT

In a separate document, please provide a brief background, including an artist statement about what inspires your creative edge and how epilepsy has influenced your art or well-being. Make sure to include your name, city and state, email address and website and/or social media address. **Please keep it to 350 words or less.**

SUBMITTING YOUR ENTRY

After completing the entry form, please email your artist statement and high-resolution images of the art you would like juried to Dr. Julie Thompson-Dobkin at **hiddentruthsproject@gmail.com**