**Governor’s Council on Disability**

**National Disability Employment Awareness Month**

 **2025 Poster Contest Entry Form**

**Artist Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |       | Last Name |       |
| Address |       |
| City |       | Zip Code |       |
| Email |       | Phone |       |

How did you learn about this contest? Choose an item.

If other was selected, please explain:

Image Title:

Medium (ex: Oil on Canvas):

Dimensions (Height, Width – no larger than 12x16 inches):

|  |
| --- |
| The Americans with Disabilities Amendments Act defines disability as a physical or mental impairment that substantially limits one or more major life activities (walking, thinking, learning, communicating, etc.) It also includes having a history or a record of an impairment and being perceived as having an impairment.  |
| According to the definition above, are you a person with a disability? [ ]  Yes [ ]  No |
| Artist Statement/Bio – What was our motivation behind this artwork? What does employment inclusion mean to you and/or why is employment of individuals with disabilities important to you?  |
|       |

Acceptance of Terms:

Please accept my work for consideration in the Missouri NDEAM Poster Competition, sponsored by the Governor’s Council on Disability. By applying, I agree and submit to all the terms outlined in the Submission Guidelines.

Artist’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please print and sign; an original signature must be on file at the GCD office.

Submit:

* This completed Entry Form
* Artist’s Statement/Bio (up to one page), including a description of the artist’s disability, if applicable (***do not disclose any medical or confidential personal health information***)
* Original artwork (submitted by email or postal mail)

**Please be aware that all information you submit to the Governor’s Council on Disability is subject to public disclosure.**

Send to (All entries must be received by August 31, 2025):

Governor’s Council on Disability

Attn: NDEAM Poster Submission

301 West High Street, Room 620

PO Box 1668

Jefferson City, MO 65102

Email: gcd@oa.mo.gov

Phone: 573-751-2600