Governor's Council on Disability
National Disability Employment Awareness Month
2026 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, 2026):

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