

APPLICATION

Gilroy Library Writing Contest: Forgiveness

Your Name _____
Address _____
City _____ ZIP CODE _____
Email _____
Telephone (_____) _____

____ Yes, I have a valid Santa Clara County Library card

Age Group: ____ 12 and under ____ 13-17 ____ 18 and older

Are you a student? ____ Yes ____ No

If yes, name of school, college or program _____

Grade _____

CHECKLIST

- I have read the Rules for the *Forgiveness* Writing Contest carefully.
- I am submitting only ONE entry of 1000 words or less.
- I have kept a copy of my entry.
- My entry is typed or is a WORD document on diskette or as an email attachment to forgiveness@library.sccgov.org .
- My full name & contact information appears at the end of the entry.
- I have completed and signed the Release/Author Biography Form.
- I am submitting my entry and required documents between January 15, 2008 and 6 p.m. Saturday, March 15, 2008: *Forgiveness*, Gilroy Library, 7387 Rosanna Street, Gilroy CA 95020.



Jan 2008