

HAPPY  
BIRTHDAY

# 2019 Greeting Card Art Contest

The University of Illinois at Chicago's Division of Specialized Care for Children (DSCC) is seeking artwork for its collection of greeting cards. These cards will be sent to our participants, providers and community partners.

## Who is eligible?

The contest is open to Illinois residents of all ages. Artists can choose any or all of the greeting card templates and illustrate what each theme means to them. Creativity is encouraged!

**How to submit:** Artwork should be submitted to DSCC by **Sept. 15, 2019**.

Mail to: UIC Division of Specialized Care for Children  
3135 Old Jacksonville Road  
Springfield, IL 62704  
Attention: Amanda Simhauser

OR

If you are a DSCC participant, you can also give submissions to your Care Coordinator.

## Selection process:

Each submitted drawing will be posted on DSCC's Facebook page ([facebook.com/dsc. uic. edu](https://facebook.com/dsc. uic. edu)). Drawings that receive the most "likes" in each category by Oct. 15, 2019, will be considered for the greeting card covers. Be sure to visit our page, vote and share!

This greetings cards will be used by DSCC staff and given away for promotional purposes. They will not be sold. Winners will have a set of greeting cards mailed to the address provided.

## Release to use artwork:

Child/Youth's Name \_\_\_\_\_ Age \_\_\_\_\_  
(Last) (First) (Middle)

Parent/Guardian's Name \_\_\_\_\_ (if artist is under 18)  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Street/Apartment or suite number) (City) (State) (Zip)

\_\_\_\_\_  
Parent/Guardian or Young Adult (18 or over) Signature

By signing this release, I authorize the University of Illinois at Chicago's Division of Specialized Care for Children (DSCC) to use, publish, copy, reproduce and distribute my/my child's artwork along with first name and age for its greeting cards without compensation to me/my child.

I understand that this authorization is voluntary and that I may refuse to sign this authorization. I understand that my refusal to sign will result in not being entered into the contest, but will not affect my ability to obtain treatment or payment or my eligibility for benefits. I understand that once my information has been released, it may be redisclosed and no longer protected by federal and state privacy laws.