

EPILOGUES is part of EFM's Creative Arts Program, where creative minds raise epilepsy awareness through visual, music, written and performing arts.

Author Name _____ Age _____

Street Address _____

City / State / Zip _____

Phone _____ Email _____

Title(s) of Written Work _____

Please check a category in both columns:

WRITTEN WORK CATEGORY	AUTHOR CATEGORY
<input type="checkbox"/> Poem	<input type="checkbox"/> Person with epilepsy
<input type="checkbox"/> Prose (short story or personal essay)	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend
	<input type="checkbox"/> Caregiver

ELIGIBILITY

Any person affected by seizures (patient, relative, friend, caregiver) is invited to submit their written work.

COLLECTION PARAMETERS

GUIDELINES	JUDGING CRITERION
<ol style="list-style-type: none"> Up to three entries per person, per year Original work by submitting author Entries accepted September 1 – October 31 Entry must be typed (12-point font) or clearly printed Prose maximum word count of 2,500 Subject matter consistent with good taste 	<ol style="list-style-type: none"> Emotional impact Connection to dealing with epilepsy Presentation (creativity, imagery, etc., as well as legibility) <p>RECOGNITION Recognition of entries will be in November, National Epilepsy Month, and may include: public readings, publish in newsletters, EFM's website and Epilogues book collection.</p>

AUTHOR BACKGROUND

Please answer the following questions (on a separate page) to be used as your author background:

1. What or who is the inspiration for your written work?
2. How have seizures and epilepsy affected your life?
3. What is your seizure diagnosis (or the diagnosis of your relative/friend)?
4. What other information would you like to share?

**Optional – Please include a recent picture (computer file or actual photo). Make sure the image is clear and bright for best reproduction results – your picture may be printed with your written work if it's published.*

AUTHOR AGREEMENT

By submitting my Written Work and Author Background to the Epilepsy Foundation of Minnesota (EFM) EPILOGUES writing collection, I understand EFM has the right to reproduce and publish my Work and Background. For example, my Work and Background may be displayed or read at events in various locations, public or private, at the discretion of EFM. Also, EFM has the right to the final interpretation of all collection parameters.

Signature (author or responsible adult) _____

Date _____

There are two steps to submit your entry:

1. EMAIL YOUR ENTRY (POETRY AND/OR PROSE)

Email your written work as a **WORD** document to: skolari@efmn.org

**Optional – enter a jpeg format Photo.*

2. PRINT OR SCAN YOUR ENTRY FORM

Mail your fully completed Entry Form to:

EPILOGUES
Epilepsy Foundation of Minnesota
1600 University Avenue West, Suite 300
St. Paul, MN 55104

Or

Scan your fully completed Entry Form and email to: skolari@efmn.org

For more information, please contact Stephanie Kolari at 651.287.2312 or skolari@efmn.org.