



SUBMISSION FORM

Fill out the form below and email to iwrite@theknowledgeproject.org. Attach your handwritten draft, and your typed final draft of the story. Optional: You may make and submit an original photo or illustration for your story. Parent or Guardian authorization is required for each youth candidate under 18 years of age.

Name _____ DOB _____

Address _____ Apt _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Email _____

School _____ Address _____

City _____ State _____ Zip _____

Teacher _____ Email _____

School Phone # _____ School Fax # _____

Principal _____ School District/Region _____

Title of work submitted _____

This is an original work. I did not have help creating it. I know that once submitted, if selected, my work can be published by The Knowledge Project according to the I Write NY Guidelines.

Author's Signature _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Parent/Guardian Signature _____