If possible, please type your submission form and artist statement.

NAME OF STUDENT APPLICANT	EMAIL ADDRESS OF STUDENT APPLICANT (IF AVAILABLE)
HOME ADDRESS OF STUDENT APPLICANT (ADDRE	SS, STREET, CITY, PROVINCE, POSTAL CODE)
NAME OF TEACHER OR FACILITATOR	EMAIL ADDRESS OF TEACHER OR FACILITATOR
NAME OF SCHOOL OR INSTITUTION	APPLICANT'S GRADE LEVEL
ADDRESS OF SCHOOL OR INSTITUTION, AND LINK	( TO WEBSITE (IF AVAILABLE)
NAME OF PARENT OR GUARDIAN	EMAIL ADDRESS OF PARENT OR GUARDIAN
CONTACT TELEPHONE NUMBER OF STUDENT APP	LICANT (IF AGE 18) OR PARENT (IF UNDER AGE 18)
TEACHER, CLASSROOM, OR SCHOOL SOCIAL MEI	DIA HANDLE (IF AVAILABLE)

# Inspiration

Grade Level:	Grade 7-9	Grade 10-12
ARTWORK TITLE, DATE OF CREATION, MEDIUM, AND DIMENSIONS		
PLEASE INDIC	ATE WHICH CA	ANADIAN ARTIST OR ARTWORK INSPIRED YOUR ARTWORK SUBMISSION
PLEASE PROV	IDE AN ARTIST	STATEMENT OF NO MORE THAN 150 WORDS TO ACCOMPANY YOUR ARTWORK

# The 2025 Canadian Art Inspiration Student Challenge

## **Statement of Consent for Parent or Guardian**

(Please indicate "Yes" if your child is under 18 and you wish to consent to your child's participation in the challenge):

I consent for my child to participate in the Canadian Art Inspiration Student Challenge 2023

Yes No

### For Teachers

Art Canada Institute Education Program Newsletter (Please consult your teacher and indicate "Yes" or "No" on their behalf):

My teacher would like to receive the Art Canada Institute Education Program Newsletter, which will provide regular education news, resources, and updates on the Art Challenge

Yes No

I confirm that this project is my own artwork (student signature)

WHERE DID YOU HEAR ABOUT THE CANADIAN ART INSPIRATION STUDENT CHALLENGE?

Please make sure that you send this completed form along with an attached high-resolution image of the artwork submission (saved with the Applicant's name as its title) to the following email address: contest@aci-iac.ca.