

# STANISLAUS COUNTY YOUTH POET LAUREATE

## 2024 APPLICATION

**APPLICATIONS MUST BE RECEIVED BY MONDAY, JANUARY 27, 2024**

Apply online at: <https://www.mostpoetry.org/contests/ypl/>

If you are unable to apply online, you may mail in this form; see the address at the bottom of the page.

**To be eligible, an applicant must:**

- be a Stanislaus County resident and/or be enrolled in a Stanislaus County school
- be between the ages of 15 and 19 on January 27, 2024
- be available to serve as Laureate for the program year, June 1, 2024 - May 31, 2025
  - be living locally through the program year

Poems will be judged on *Content, Craft, and Voice*. If you are entered into the final round, applications will be additionally judged on *Leadership and Performance*.

### PART A: Your Information (required)

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First MI Month/Day/Year

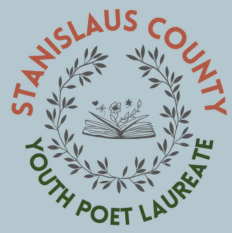
Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_ CA \_\_\_\_\_  
City ZIP Code

Phone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

How did you hear about the Stanislaus County Youth Poet Laureate Program? \_\_\_\_\_

Are you planning to be in Stanislaus County for the full Poet Laureate program year: June 1, 2024 - May 31, 2025? (Required to advance to final round)  Yes  No



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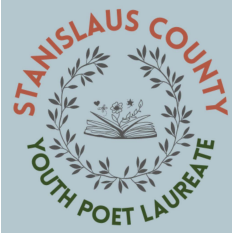
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### PART A: About You (continued)

**Artist Statement/Bio:** Introduce yourself. Tell us who you are and what poetry means to you. This will be used as your bio if you advance to the final round. 250 words maximum.

### PART B: Awards and Service

1. List any awards or honors you have received (including anywhere your work has been published).
2. List any community service or activism you have done.
3. List all previous participation in events or activities with the Modesto-Stanislaus Poetry Center or other literary group(s).



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### PART C: Your Writing (required)

Please submit at least THREE poems (no more than FIVE) totaling no more than 10 pages. Put all poems into one Word document or PDF; please attach that document when emailing this submission form.

### PART D: Name of Adult Sponsor (required)

Please provide the name of an Adult Sponsor who you can ask to write you a letter of recommendation IF you advance to the final round. Tips: Choose someone who knows your writing, school performance, or community involvement. Ask someone for this well in advance. If selected for final round, letter of recommendation will be due March 22, 2024.

Sponsor Name: \_\_\_\_\_

Sponsor Phone Number or Email: \_\_\_\_\_

### PART E: Parent/Guardian Information

Name of Parent/Guardian: \_\_\_\_\_

Not required if you are 18 as of January 27, 2024

Parent/Guardian Phone Number or Email: \_\_\_\_\_

### PART F: Signature (required)

By submitting this application, I agree that the poetry I submitted is my original work and I meet the Youth Poet Laureate eligibility requirements. I understand that if I advance to the final round, my writing may be published as part of the program, but I still retain the full rights to publish or perform my work anywhere else I choose.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## THANK YOU!