WGVU Innovation Challenge Entry Form

WGVU Innovation Challenge is coordinated by WGVU Public Media, Grand Rapids, Michigan

COMPLETED FORM REQUIRED FOR EACH CHILD PARTICIPATING

Type or print legibly
Student Name ________________________________

Circle: Individual Entry                     Part of Group Entry Title: ________________________________

Student Mailing Address ________________________________

City/State/Zip ________________________________

Child’s School ________________________________

Circle Grade: Pre-K Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th Gender: F M n/a

Title of Project ________________________________

Circle Project Category: Performing Arts STE(A)M Writing Visual Arts Combination: ________________________________

Describe your project – what is it? ________________________________

What is your project about and/or what does it do? ________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
What inspired you to create this project? 

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

PARENT/GUARDIAN PERMISSION IS REQUIRED FOR EVERY PARTICIPANT:

☐ I acknowledge that I have read and understand the IC Rules & Requirements prior to signing this document.

Parent/Guardian Signature_________ ____________________________

Printed Name _____________________________________________________

Email address: _____________________________________________________

If different from student’s address above, Mailing address:_______________

City/State/Zip_________________________ Phone (_____ )___________________

Additional information for School, Classroom or Program Related Entry: (*advisors must be 18 years of age or older)

Teacher/Advisor* Signature______________________________

Email address _________________________________________________

Printed Name _________________________________________________

School/Program Name_____________________________________________

School/Program Mailing Address_______________________________________

City/State/Zip____________________________________ School Phone (_____ )___________________

Deadline for receipt of entries and entry address is: WGVU Public Media WGVU Innovation Challenge 301 Fulton St. W Grand Rapids, MI 49504-6492

Deadline: April 20, 2020

WE WOULD LIKE OUR ENTRY RETURNED TO US:

☐ We have included the appropriately sized, postage-paid, self-addressed return envelope, box or container with the entry.

☐ We would like to pick the entry up from WGVU. We agree to claim it within two weeks of being notified it is ready.

Name of Person to be Notified of Pick-up: _________________________________

Email Address: _________________________________