PBS KIDS Writers Contest Entry Form
Your local contest is brought to you by: WQED, WVPB, PBS39, & WPSU.

Child's Name ___________________________ Age ___________________________

Child's Mailing Address ____________________________________________________

City/State/Zip ___________________________ Home Phone (______) _______________

Circle Grade: Kindergarten  1st Grade  2nd Grade  3rd Grade  4th Grade  5th Grade  Sex:  F  M

Title of Story ______________________________________________________________

Number of Words ________ Word count range: Grades K-1 minimum-50, maximum-200
(The word count includes “a,” “an,” & “the.”)  Grades 2-3 minimum-100, maximum-350
Grades 4-5 minimum-150, maximum-550

Number of Illustrations _______ (minimum of 5)  How did you hear about the contest? ___________________________________________________________

**What is your local PBS Station (Required) __________________________

Only one entry per child. Only single author stories (no co-authors) • Story must be original work of the child • Original art can include drawings, collages, 3-D and photos taken by the author • Story may be fact or fiction, prose or poetry • Use only one side of the paper • Number each page on the back • Text must be printed/written legibly or typed • Children who can’t write may dictate their story to be printed or typed • Invented spelling is accepted • Story text may be on pages with illustrations or on separate pages • Non-English text must be translated into English text on the same page and the translated English text must adhere to the word count • Word count includes “a” “an” “the” but not words on nonstory pages (e.g. title page) or those that enhance illustrations
I acknowledge that I have read the Contest rules & regulations prior to signing this and that I understand the rules.

Required:
Parent/Guardian Signature ___________________________ Email address: ___________________________

Printed Name: ___________________________ Date: ___________________________

If different than the above address:
Mailing Address: ___________________________ City/State/Zip: ___________________________
Phone : (______) ___________________________
School Name: ___________________________

For School Entry:

School Mailing Address ___________________________

Teacher Signature ___________________________ Email address: ___________________________

City/State/Zip ___________________________ School Phone (______) ___________________________

Entries MUST be postmarked by
March 31, 2021.

MAIL ENTRIES TO:
Education Department
WVPB
600 Capitol Street
Charleston, WV 25301

WRITE ON!
The Writers Contest is a program of WQED Public Broadcasting, PBS39, and WPSU.