



50 YEARS of OPPORTUNITY

HEAD START

"MY FAVORITE PART" CHALLENGE

Head StART Challenge Entry Form

Head Start Program: _____

Address (street/city/state/zip): _____

NHSA Membership #: _____

Region: _____

Director: _____

Email: _____

Phone: _____

Head Start Classroom: _____

Head Start Classroom Lead Teacher: _____

Email: _____

Phone: _____

Attached:

- Written record of how the children describe their collaborative work, ideas, and process in their own words. *(Required)*
- Photos or videos of the class in the **process** of creating the artwork. *(Recommended)*

Please submit 3 photos of artwork with entry form, written record of how children describe their collaborative work, and if available, photos or videos of the class in the process of creating the artwork no later than **December 15, 2015** to ArtContest@nhsa.org.

Please contact Jane Adams at jadams@nhsa.org if you have questions.