

2026 Texas Mental Health Creative Arts Contest: Entry Form

Artist

First Name:	Last Name:	
Address:	City:	ZIP:
Age Group: <input type="checkbox"/> Elementary School (PK–5) <input type="checkbox"/> Middle School (6–8) <input type="checkbox"/> High School (9–12) <input type="checkbox"/> Adult		
If artist is an adult, please fill the fields below.		
Email:	Primary Phone:	

Parent/Guardian/Case Manager (if applicable)

First Name:	Last Name:	
Address:	City:	ZIP:
Email:	Primary Phone:	

How should we display your entrant's name if they win: Name Initials Anonymous

Entry

Title:
Type of Entry: <input type="checkbox"/> Traditional Artwork <input type="checkbox"/> Writing <input type="checkbox"/> Photography <input type="checkbox"/> Digital Art

Release

If the piece is selected as a winner, I understand it may be displayed across various public locations associated with the Texas Mental Health Creative Arts Contest. Note: Your choice will not affect the judging or scoring of your submission.

Yes, I give permission for my artwork to be displayed.

No, I prefer to opt out of public display.

I consent to and understand that ALL entries, once submitted, become the property of the Texas Institute for Excellence in Mental Health.

Signature If artist is a student, a parent/guardian signature below is all that is required.	Date:
Parent/Guardian Signature	Date: