
Creative Writing Division Rules

The Creative Writing Division differs from categories in the Drama Division which are judged on **performance** qualities (such as stage presence, expressiveness, and interpretation) of an entry. Entries submitted into the Creative Writing Division will be judged based upon the merit of the original work, creative content, message clarity, use of language, originality of topic or idea, and overall strength.

Note: Following the national creative writing judging process, the top three winners in each category will be notified via their staff contact person. The top three creative writing winning entries will be offered the opportunity for inclusion in a booklet that will be distributed in November, 2014.

1. All entries submitted into the Creative Writing Division must be original compositions written solely by the eligible Veteran(s) who is submitting the entry.
2. Entries may be performed by someone else, but the Veteran author(s) must also appear in the video. Specify on the Entry Form the name(s) of the person(s) reading the composition.
3. **An E-mail** containing a separate attachment for each entry of the double-spaced typed text (do not send scanned copies of the text) of **all** creative writing entries **MUST** also be e-mailed to Liz Nealy (ngraphics04@att.net) **or uploaded to the Creative Arts festival SharePoint site** in order for the entry to be accepted and judged at the national level. The name of the eligible Veteran(s) who is shown on the video must also be included on the document. This applies to each entry in all creative writing categories. ***In the subject line of the email indicate the VA facility submitting the entry AND the title of the piece.***
4. If an entry has won a gold medal on the national level of competition in any category it **MAY NOT BE** re-submitted into the Creative Writing division in a subsequent year.
5. Judges reserve the right to move an entry to the appropriate category or disqualify the entry if rules are not followed.
6. If the composition is selected for inclusion in the National Veterans Creative Arts Festival stage show, the reader will be selected by the NVCAF national committee. The reader may or may not be the Veteran author. The Veteran author will be invited to attend the Festival and participate as a chorus member, if his/her entry is selected for inclusion in the Festival stage show.
7. Collections of poems, essays, stories, etc. submitted as one entry will not be allowed.
8. Creative Writing entries submitted without a video are still eligible for competing at the national level however these entries will not be eligible for consideration to be in the stage show.
9. Creative writing entries must be video recorded and last three minutes or less in length.
10. Each video recorded entry must contain a title slide/page that includes the category number, category name, title of piece and name of Veteran(s) in the entry. The time it takes for the title page to be viewed does not count against the 3 minute entry.

Note: VA staff contact persons will be notified via E-mail with the 2014 competition results.

Submitting Digital Media Files/VHS videotape

For the 2014 competition year, performing arts division entries will be accepted in the following formats. Our preference is listed in the following order for receiving entries:

OPTION 1: Upload to SharePoint

Digital media files uploaded to the National Veterans Creative Arts Festival SharePoint site:

<http://vawww.visn23.portal.va.gov/stc/2011CAC> The only file extensions that will be accepted are: .wmv and .mov files (the preferred format is .wmv). These extensions are the most standard digital formats and can be opened on most computers. We recommend video files uploaded to the SharePoint site be 65 MB or less. If entries are not submitted in the formats indicated above they risk not being playable and therefore not able to be judged at the national level of competition. Entries submitted via the SharePoint site MUST also contain title slides prior to each solo and group entry shown. Paperwork will still need to be submitted via regular mail (due to Veteran and staff signatures needed).

OPTION 2: Digital media files provided on individual CDs or DVDs

A separate CD or DVD must be submitted for each entry in each category. More than one entry on a CD or DVD will not be accepted. For data CDs and DVDs, the only file extensions that will be accepted are: .wmv & .mov (the preferred format is .wmv). These extensions are the most standard digital formats which can be opened on most VA computers. If entries are not submitted in the formats indicated above they risk not being playable and therefore not able to be judged at the national level of competition. Entries submitted on CDs or DVDs MUST also contain title slides prior to each solo and group entry shown. Authored DVDs will also be accepted.

OPTION 3: VHS entries

Entries submitted on VHS tapes in category order as they have been accepted in past years. Entries MUST contain title slides prior to each solo and group entry shown on the VHS videotape. **Videotapes must be submitted as VHS tapes. DVCAM, 8MM or other tape formats will not be playable for National judges and so cannot be judged at the national level. Entries submitted on DVCAM, 8MM or other tape formats will be disqualified.**

Digital Media File Naming:

The naming convention will be similar to the process already being used in the art division for submitting digital artwork images.

Division abbreviations: Creative Writing = **CW**

Dance = **DA**

Drama = **DR**

Vocal Music = **VM**

Instrumental Music = **IM**

DivisionabbreviationhyphenCategorynumberhyphenENTRYTITLE(abbreviation – first 5 letters of title)hyphen**VeteraninitialshyphenStationNumber.wmv(or .mov)** Use CAPS for the title of the entries and use small letters for initials (first and last name initials of Veteran performer) e.g. The creative writing entry of a Poetry-Patriotic entry titled “America” created by John Doe from St. Cloud VA Medical Center would be named:

CW-03-AMERI-jd-656.wmv

Division Abbreviation-Category #-FIRST 5 LETTERS OF TITLE-Veteran initials-Station Number.wmv

Note: For Group Creative Writing entries, omit the Veteran(s) initials. *CW-18-AMERI-656.wmv

Division Abbreviation-Category #-FIRST 5 LETTERS OF TITLE-Station Number.wmv

Do not use any spaces when naming the entries.

Creative Writing Division Categories

1. **Poetry – Humorous** - A verse composition of humorous nature, **no longer than 48 lines** in length, written by one eligible Veteran.
2. **Poetry – Inspirational** - Same as #1, but of an inspirational nature.
3. **Poetry – Patriotic** - Same as #1, but relating to American patriotism.
4. **Poetry – Other** - Same as #1, but does not more appropriately meet the definitions of poetry-humorous, inspirational or patriotic categories.
5. **Essay – Humorous** - An essay, **no longer than 3 double-spaced pages in length**, written in ordinary speech or writing (not poetry) by one eligible Veteran that is **a discussion of a topic from the author’s personal point of view** as influenced by subjective experience and personal reflection, is a non-fiction work, often expository, and humorous in nature. Entries submitted into this category must have an introduction, a statement of viewpoint, supportive points, and a conclusion summary.
6. **Essay – Inspirational** - Same as #5, but of an inspirational nature.
7. **Essay – Patriotic** - Same as #5, but reflective of American patriotism.
8. **Essay – Other** - Same as #5, but does not more appropriately meet the definitions of essay-humorous, inspirational or patriotic categories.
9. **Personal Experience – Humorous** - A story or situation of humorous content, **no longer than 3 double-spaced pages in length**, that is **written by one eligible Veteran in the first person** and conveyed about one’s self.
10. **Personal Experience – Inspirational** - Same as #9, but with inspirational content.
11. **Personal Experience – Patriotic** - Same as #9, but with content that relates to American patriotism.
12. **Personal Experience – Other** - Same as #9, but does not more appropriately meet the definitions of personal experience-humorous, inspirational or patriotic categories. Could include wartime-related experiences, though stories/situations with wartime-related content may also be suitable for personal experience-humorous, inspirational or patriotic categories.
13. **Short, Short Story – Humorous** - A very short story, **no longer than 500 words in length** that is written by one eligible Veteran and that is of humorous content. The story must have a beginning, middle, and an end. Entries received that contain more than 500 words will be disqualified.

14. **Short, Short Story – Inspirational** - Same as #13, but with inspirational content.
15. **Short, Short Story – Patriotic** - Same as #13, but with content that relates to American patriotism.
16. **Short, Short Story – Other** - Same as #13, but does not more appropriately meet the definitions of short, short story-humorous, inspirational or patriotic categories.
17. **Monologue/Duologue** - Monologue is a part of a script written by an eligible Veteran for one actor. Duologue is a part of a script written by an eligible Veteran for two actors. **Entries in this category must be no longer than 3 double-spaced pages in length.**
18. **Group Creative Writing** - Any of the above categories (#1-17) written as a group of eligible Veterans. **All specific category rules still apply when entering the group creative writing category.** (For example, a group of Veterans work together to write a patriotic poetry entry. The entry must still follow the rules of category #3.) **Only one entry written by the group members is allowed.** Any one person or persons may read the entry but all eligible Veterans who contributed in writing the composition must appear in the video. Any compositions written by more than one eligible Veteran must be entered in this category (Group Creative Writing) regardless of the type of composition.
19. **Special Recognition** - Solo or group. **All specific category rules still apply when entering the special recognition category.** Original entries that recognize individuals who exhibit creative expression through the use of creative writing while possessing significant physical or psychological limitations. The intent of this category is to reinforce the concept of the arts as therapy, where an individual uses artistic expression to facilitate successful treatment outcomes. Entries and their accompanying written statements from the Veteran’s VA staff contact person should focus on how the arts are used by the individual(s) to rise above severe limitations.

Entries in this category **MUST** include:

- Solo or Group Entry form**
- a written statement/narrative** (25 to 225 words) by a VA staff person or the Veteran of why the Veteran is deserving of special recognition
- a Consent for Use of Written or Verbal Statement, Picture and/or Voice form(s)** (page 53) **signed by the Veteran(s)**
- a Request For and Consent to Release Medical Records or Health Information form** (page 54) **signed by the Veteran**

Creative Writing Judges' Score Sheet

Judges at the 2014 National level of competition will be ranking each creative writing entry based on the following criteria. Please consider using this score sheet for your local competitions.

Creative Writing Judging Score Sheet

Category Number:	Category Name:
Title of Entry:	

CRITERIA	POINTS									
Creative Content	1	2	3	4	5	6	7	8	9	10
Message Clarity	1	2	3	4	5	6	7	8	9	10
Use of Language	1	2	3	4	5	6	7	8	9	10
Originality of Topic or Idea	1	2	3	4	5	6	7	8	9	10
Overall Strength of Composition	1	2	3	4	5	6	7	8	9	10

TOTAL SCORE _____

Creative Writing Division Checklist



New!

All entries **MUST** be postmarked by midnight of Friday, March 28, 2014.

It is strongly recommended to **Fed-Ex (overnight-mail) in a padded envelope** your Creative Writing division CDs and/or DVDs, or VHS videotape and paperwork to the **National Creative Writing Chairperson, Liz Nealy, Houston, TX**. This ensures the ability to track all items. **Be sure to label the CDs and/or DVDs, or VHS videotape with the name, city and state of your VA facility.**

Use the following checklist to be sure all entries are sent and received at the national level:

OPTION 1 (Creative Writing video recorded entries uploaded to the SharePoint site):

- Upload the creative writing entry(ies)** to the National Veterans Creative Arts competition SharePoint site <http://vaww.visn23.portal.va.gov/stc/2011CAC>

OPTION 2 (Creative Writing video recorded entries submitted on CDs and/or DVDs):

- Mail the CDs and/or DVDs of the creative writing entries. A separate CD or DVD must be submitted for each entry in each category. More than one entry on a CD or DVD will not be accepted.** Review your CDs and/or DVDs and make a copy before mailing. **Label the CDs and/or DVDs with the name, city and state of your VA facility.**

OPTION 3 (Creative Writing video recorded entries submitted on VHS videotape):

- Mail the VHS videotape of the creative writing entries.** Review your VHS videotape and make a copy before mailing. **Be sure the VHS videotape shows the entries in the order that the categories are listed in this book. Label the VHS videotape with the name, city and state of your VA facility.** Items received that are not in correct order will be disqualified. Entries submitted on DVCAM, 8MM or other tape formats will be disqualified.

***FOR ALL OPTIONS ABOVE, the following items are also necessary:**

- E-mail Liz Nealy at ngraphics04@att.net** (do not send scanned text) a separate attachment for each entry containing the double-spaced text of the entry in lower and upper case letters. This E-mail must be sent in order for the entry to be accepted and judged at the national level. It is also acceptable to upload the text entry to the SharePoint site. ***In the subject line of the email indicate the VA facility submitting the entry AND the title of the piece.***
- Mail the Entry form (solo and/or group) and Consent form(s)** completed with all necessary information ***(an entry form and consent form must be submitted for each entry by every Veteran)***
- Mail the List of Entries form**
- Mail the Local Level Participation form** listing every Veteran from your VA facility's local creative writing competition

Mail the Creative Writing Division forms and the entries on CDs and/or DVDs, or VHS videotape, and E-mail the text of the entry(ies) to:

Liz Nealy (117RT)
National Creative Writing Chairperson
VA Medical Center
2002 Holcombe Blvd.
Houston, TX 77030

Phone: (713) 794-7872
FAX: (713) 794-7631
E-mail: ngraphics04@att.net

2014 Creative Writing Entry Form (Individual)

Photocopy this form as needed. Each entry must have a completed form. An **E-mail including a separate attachment for each entry including the typed text** (do not send scanned copies of the text) **MUST be sent to ngraphics04@att.net** in order for the entry to be accepted and judged at the national level of competition. It is also acceptable to upload the text entry to SharePoint site. Submission of creative writing entries on CDs and/or DVDs, and VHS videotapes must be labeled with the name, city, and state of your VA facility. **VHS videotapes must be shown in category number order and listed as they are presented on the VHS videotape.**

PLEASE TYPE or PRINT, taking care to SPELL the VETERAN'S NAME CORRECTLY.

Veteran's Name:	Age:
Phone Number:	

**VA staff contact person: Obtain additional Veteran contact information for your reference use only, in order to notify the Veteran of the competition results.*

Category Number:	Category Name:
Title of Piece:	
Name of Person(s) Reading the Entry: <i>(Veteran who wrote the entry must be shown on the videotape.)</i>	
Digital Media File Name if uploading to the SharePoint site OR if saving to data CDs and DVDs:	

VA Facility Representing:			
Station Number: <i>(See pages 17-21 for a list of station numbers)</i>			
Facility Address:			
City:	State:	Zip:	
Staff contact:		Routing Symbol:	
Phone:	E-mail (Required):		

Veterans: I have read all of the rules for the division in which I am entering. Should I place first, second or third in the national competition:

_____ **I wish** for my entry to be forwarded to the National Selection Committee for consideration for an invitation to perform in the Festival stage show and if invited, understand that **it is required that I attend the entire Festival event of October 27 – November 3, 2014 in Milwaukee, Wisconsin.**

_____ **I do not wish** for my entry to be forwarded to the National Selection Committee for consideration for an invitation to perform in the Festival stage show as I will be unable to attend the Festival event of October 27 – November 3, 2014 in Milwaukee, Wisconsin.

Prior to submitting entries in the competition, **eligible Veterans who are also VA employees** should **discuss leave options/restrictions with their supervisor** in the event they might be invited to attend the National Veterans Creative Arts Festival in October.

Signature of Veteran

Staff Contact Person: I verify this Veteran meets eligibility criteria as specified on page 5 and is approved to enter the 2014 National Veterans Creative Arts Competition as a representative of this VA facility and that all information has been provided.

VA Staff Contact Title and Signature

2014 Creative Writing Entry Form (Group) (Category 18)

Photocopy this form as needed. Each entry must have a completed form. An **E-mail** including a separate attachment for each entry including the typed text (do not send scanned copies of the text) **MUST be sent to ngraphics04@att.net** in order for the entry to be accepted and judged at the national level of competition. It is also acceptable to upload the text entry to SharePoint site. Submission of creative writing entries on CDs and/or DVDs, and VHS videotapes must be labeled **with the name, city, and state of your VA facility. VHS videotapes must be shown in category number order and listed as they are presented on the VHS videotape.**

PLEASE TYPE or PRINT, taking care to SPELL the VETERAN NAMES CORRECTLY.

Category Number:	Category Name:
Title of Piece:	
Group Name:	
Number of Veterans in group: <i>(See Rule 4 on page 12)</i>	
Name of Person(s) Reading the Entry: <i>(Veterans who wrote the entry must be shown on the videotape.)</i>	
Digital Media File Name if uploading to the SharePoint site OR if saving to data CDs and DVDs:	

Group Information (attach additional sheet of paper if needed)

Last Name	First Name	Age	Is Group Member a Veteran?
			Circle: Yes or No
			Circle: Yes or No
			Circle: Yes or No
			Circle: Yes or No

***VA staff contact person:** Obtain additional Veteran contact information for your reference use only, in order to notify the Veterans of the competition results.

VA Facility Representing:			
Station Number: <i>(See pages 17-21 for a list of station numbers)</i>			
Facility Address:			
City:	State:	Zip:	
Staff contact:		Routing Symbol:	
Phone:	E-mail (Required):		

Staff Contact Person: Should this entry place first, second or third in the national competition:

_____ **The group wishes** for this entry to be forwarded to the National Selection Committee for consideration for an invitation to perform in the Festival stage show and if invited, understand that **it is required that the group above attend the entire Festival event of October 27 – November 3, 2014 in Milwaukee, Wisconsin.**

_____ **The group does not wish** for this entry to be forwarded to the National Selection Committee for consideration for an invitation to perform in the Festival stage show as the group will be unable to attend the Festival event of October 27 – November 3, 2014 in Milwaukee, Wisconsin.

Prior to submitting entries in the competition, **eligible Veterans who are also VA employees** should **discuss leave options/restrictions with their supervisor** in the event they might be invited to attend the National Veterans Creative Arts Festival in October.

Staff Contact Person: I verify the above Veterans meet eligibility criteria as specified on page 5 and are approved to enter the 2014 National Veterans Creative Arts Competition as representatives of this VA facility and that all information has been provided.

VA Staff Contact Title and Signature

PLEASE USE THIS CONSENT FORM FOR ALL INDIVIDUAL AND GROUP ENTRIES. PHOTOCOPY THIS CONSENT FORM FOR EACH MEMBER OF THE GROUP. EACH MEMBER MUST SIGN A FORM.



Department of Veterans Affairs

CONSENT FOR USE OF WRITTEN OR VERBAL STATEMENT, PICTURE AND/OR VOICE		CONSENT OF (Name):
<p>NOTE: The information requested on this form is solicited under the authority of title 38, United States Code. The execution of this form does not authorize disclosure of the materials specified below except for the purpose(s) stated. The specified material may be used within the VA for authorized purposes, such as for education of VA personnel or for VA research activities. It may also be disclosed outside the VA as permitted by law. If the material is part of a VA system of records, it may be disclosed outside the VA as stated in the "Routine Uses" in the "VA Privacy Act System of Records" published in the Federal Register. A copy of the "Routine Uses" is available upon request to the administrative office of the VA facility involved. You do not have to provide consent to have your verbal and/or written statement(s), picture(s) or voice recorded, or used. Your refusal to grant your consent will have no effect on any VA benefits to which you may be entitled.</p>		
<p>I hereby voluntarily and without compensation authorize verbal and/or written statement(s), pictures and/or voice recording(s) to be made of me (or of the above-named individual if the individual is legally unable to give consent) by (specify the name of the VA facility, newspaper, magazine, television station, etc.):</p> <p>Department of Veterans Affairs National Veterans Creative Arts Competition/Festival.</p>		
<p>While I am (describe the activity, if any to be photographed or recorded):</p> <p>A participant in the National Veterans Creative Arts Competition/Festival.</p>		
<p>I authorize disclosure of the verbal and/or written statement(s), picture and/or voice recording to (specify name and address of the organization, agency, or individual(s) to whom the release is to be made):</p> <p>Newspapers, radio stations, television stations and all other media outlets. In addition, VA may release this information in the form of other media products to promote the National Veterans Creative Arts Competition/Festival.</p>		
<p>I have read and understand the foregoing and I consent to the use of my verbal and/or written statements, picture(s) and/or voice as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by the United States for the use. I understand that consent to use my verbal and/or written statement(s), picture(s), video and/or voice recording(s) is voluntary and my refusal to grant consent will have no effect on any VA benefits to which I may be entitled. I further understand that I may at any time exercise the right to cease the use of my verbal and/or written statement(s), filmed, photographed or recorded, and may rescind my consent for up to a reasonable time before the verbal and/or written statement(s), picture, video or voice recording is used.</p>		
Signature of Individual (Veteran) or Other Legally Authorized Person:		DATE:
Permission Obtained by (Print staff contact Name – Title – Address):		
(Name) _____ (Title) _____ (Address) _____		
Signature of Interviewer (staff contact – same as above) or Individual Obtaining Consent:		DATE:
PRODUCTION TITLE: 2014 National Veterans Creative Arts Program		PRODUCTION NUMBER:
Individual's (Veteran) Name and Address:		IMPORTANT: This form must always be completed prior to the making or using verbal and/or written statement(s), picture(s) and/or voice recording(s) of any participant.

VA FORM FEB 2011 10002

If any patient health or demographic information is to be provided or released with the picture, video or voice recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information is required prior to the release of such data to any source.

*Use this form for the **Special Recognition, Military Combat Experience,**

Group Art Category and Therapeutic Arts Scholarship entries.

▶ Department of Veterans Affairs		REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION	
<p>Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on the form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing in the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA19 "Patient Medical Record - VA" and in accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1005 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to reqd instructions, gather the necessary facts and fill out the form.</p>			
ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.			
TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility) 810 Vermont Ave., NW Washington, DC 20420		PATIENT NAME <i>(Last, First, Middle Initial)</i> SOCIAL SECURITY NUMBER: <i>(Unnecessary to provide for entering 2014 NVCA competition)</i>	
NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED: Newspapers, radio stations, television stations and all other media outlets. In addition, VA may release this information in the form of other media products to promote the National Veterans Creative Arts Competition/Festival.			
VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s): <i>(Unnecessary to provide this information for entering 2014 NVCA competition)</i>			
<input type="checkbox"/> DRUG ABUSE <input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input type="checkbox"/> TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) <input type="checkbox"/> SICKLE CELL ANEMIA			
INFORMATION REQUESTED: (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)			
<input type="checkbox"/> COPY OF HOSPITAL SUMMARY <input type="checkbox"/> COPY OF OUTPATIENT TREATMENT NOTE(S) <input checked="" type="checkbox"/> OTHER (Specify) <u>General diagnosis or disability</u>			
PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED: To promote awareness of VA's National Programs and the positive impact they have on the lives of our Nation's disabled Veterans.			
NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM.			
AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redisclosure of my medical records by those receiving the above authorized information may not be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); (3) under the following condition(s):			
I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.			
DATE	SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g., POA)		
IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number)		TYPE AND EXTENT OF MATERIAL RELEASED	
		DATE RELEASED	RELEASED BY

2014 Shirley Jefferies Memorial Therapeutic Arts Scholarship

Shirley Jefferies, a recreation therapist at the Waco, Texas, VA Medical Center, and former chief of recreation therapy at the Knoxville, Iowa VA medical facility, initiated the performing arts competition, The National Music Competition for Veterans, in 1981 as part of the International Year of Disabled Persons. The Music Festival and VET ARTS merged and drama and dance divisions were added, to create the National Veterans Creative Arts Festival in 1989. In 2005, the creative writing division was added to the Festival roster. Shirley Jefferies passed away in 1994 and the Therapeutic Arts Scholarship for a performing artist is presented in her memory.

The Therapeutic Arts Scholarship is a unique opportunity for Veterans entering the Creative Arts Competition. VA staff persons can nominate a Veteran from their facility for consideration to attend the Festival based on a therapeutic objective. Each Veteran selected will receive an invitation to participate at the October, 2014 Festival in Milwaukee, Wisconsin with lodging and meals provided via national Festival funds. Scholarship recipients will be notified via their staff contact person by mid-June, 2014.

Nomination Criteria:

- Veteran must enter at least one category in any of the five divisions on the national level
- Veteran must be a first place winner in the local level of competition
- Veteran must be a novice/first time participant in the Festival (but not necessarily a first time participant in the competition)
- Entry placement (first, second or third place) in the national competition will not be a factor in the selection process
- Only one Veteran can be nominated per facility

The completed Therapeutic Arts Scholarship form (page 56) must be submitted along with the Veteran's competition entry and consent forms. A panel made up of national committee members will review the nominations and select those whom it is felt would benefit most from participating in the Festival.

Nominations for the Therapeutic Arts Scholarship **MUST** include:

- Veteran's Entry Form specific to the division entered
- a completed 2014 Therapeutic Arts Scholarship form (page 56) that includes a written statement/narrative by one or more VA staff persons (25 to 225 words) explaining why the Veteran could potentially benefit therapeutically from the Festival experience
- a Consent for Use of Written or Verbal Statement, Picture and/or Voice form(s) Picture &/or Voice Form (page 53)
- a Request for and Authorization to Release Medical Records or Health Information form (page 54) signed by the Veteran and VA staff contact person

2014 List of Entries Form

Creative Writing Division

This form **MUST BE INCLUDED WITH THE PACKET OF ENTRIES FOR THE CREATIVE WRITING DIVISION** and should contain information for the Creative Writing Division only. **The List of Entries is vital** in assisting the National Creative Writing Chairperson with what is being entered from your facility and must be accurate as to category name and number and spelling of Veteran's names.

Submit this completed form along with the other Creative Writing entry materials to:

Liz Nealy, CTRS (117RT)
 National Creative Writing Chairperson
 VA Medical Center
 2002 Holcombe Blvd.
 Houston, TX 77030

Please **TYPE** or **PRINT LEGIBLY**

VA Facility Representing:		
Station Number: <i>(See pages 17-21 for a list of station numbers)</i>		
Facility Address:		
City:	State:	Zip:
Staff contact:		Routing Symbol:
Phone:	E-mail (Required):	

Data on Entries submitted into the Creative Writing division from your VA facility.

Please answer both of the following questions:

Total number of Entries listed below:
Total number of eligible Veterans listed below, counting each Veteran only once:

LIST ENTRIES BELOW IN ORDER BY CATEGORY

**# in Group means number of eligible Veterans entered in this group entry.*

Category #	Category Name	Name of Veteran or Group	# in Group*	Title of Entry	Format used to submit entry (SharePoint, CD, DVD, VHS)

