Do you have students who like to draw or doodle?

Do you have an art teacher looking for a project?

Check this out!

The NSNA Art Contest 2017 is HERE!

There are four grade categories for the contest: K-1, 2-4, 5-8, and 9-12.

Four winners will be chosen and each will receive a $50 check from the Nebraska School Nutrition Association.

Contest Rules:

1. All entries must be the student’s original drawing on an **8 1/2 x 11 inch** sheet of unlined white paper. Do not use white plain poster board as it is not allowed.
2. The theme ‘**Soar to New Heights with School Lunch!**’ must be printed on the artwork.
3. The student’s name, address, grade, and school must appear on the back of the artwork.
4. Each entry must be accompanied by a completed entry form signed by the principal and cafeteria manager.
5. Each school district will be allowed to submit four entries for the competition: one for each grade category.
6. Entries must be postmarked by **December 15, 2017**.
7. If any of the above rules are not followed, the entry will be automatically disqualified.
8. Entries will not be returned unless requested.

Send your school district’s entries to:

Nebraska School Nutrition Association
Public Relations
P.O. Box 5204
Lincoln, NE 68505-5204
NEBRASKA SCHOOL NUTRITION ASSOCIATION ART CONTEST ENTRY FORM

Soar to New Heights with School Lunch!
Celebrate School Lunch in Nebraska.

Mail this entry form with student’s drawing to: Nebraska School Nutrition Association, Public Relations, P.O. Box 5204, Lincoln, NE 68505-5204

Contest Deadline: December 15, 2017

Please type or print the following information:

Student’s Name: ____________________________________________________________

Home Address: __________________________________ Home Phone: (_____) ____________

City: ___________________________ State: _______________ Zip: ___________

Grade: _______________ Age: ________ Sex: __________

School: ___________________________ School phone: (_____) ______________

School address: ___________________________________________________________

City: ___________________________ State: _______________ Zip: ___________

Principal: ___________________________ Cafeteria Manager: _____________________

__________________________________________________________
(Principal’s Signature) (Cafeteria Manager’s Signature)

FOR STATE ASSOCIATION USE ONLY – DO NOT WRITE IN THE BOX

Date Received: ___________________________ ___________________________ Initials of Recipient

Check Entry Category: Grade K-1 (_____) Grade 2-4 (_____) Grade 5-8 (_____) Grade 9-12 (_____)