



516 West Loockerman St., Dover, DE 19904
302-739-4553 302-739-6126 (fax)

To: All Delaware Schools
From: Governor's Advisory Council for Exceptional Citizens (GACEC)
Date: September 17, 2024
Re: Disability History and Awareness Month Poster Contest

This year's theme is "Share Our Similarities. Celebrate Our Differences"

Greetings Teachers and Administrators:

Governor Markell signed House Bill 123 on August 17, 2011, which designated October as Disability History and Awareness Month in Delaware. The bill encourages school districts across Delaware to implement activities to observe Disability History and Awareness Month. A number of districts and charter schools across the State have participated in the past by putting information on their marquees, including information on famous people with disabilities in their morning announcements and newsletters and by inviting individuals with disabilities to share their stories with students. They also had their students develop posters for the statewide poster contest. We are pleased to invite your school district to participate in the annual statewide Disability History and Awareness Month Poster Contest. We hope to have participation from ALL schools this year.

Please read the Poster Specification and Rules carefully. Entry forms may be duplicated. Posters should be mailed to the GACEC (516 West Loockerman St., Dover, DE 19904) and **must be postmarked by Friday November 29, 2024**. After receiving the entries, the GACEC will select winning posters for each of the five divisions (elementary, middle school, high school, adapted/assisted art and Computer Aided Art). The winners will be notified no later than **December 6, 2024** and invited to a **Cookie Reception on Friday February 7**.

Your support in this important Disability History and Awareness Month activity is greatly appreciated. Please share this information with all of your faculty and students. We know we have a lot of artistic talent in Delaware. The **Cookie Reception** will be held on **Friday February 7 at 10a.m.** for the winners of the poster contest, representatives from their school and family members. If you have any questions regarding the Poster Contest or the Cookie Reception, please contact Kathie Cherry, GACEC Office Manager at (302) 739-4553 or kathie.cherry@delaware.gov.

Sincerely,

Pam D. Weir
GACEC Executive Director

DISABILITY HISTORY AND AWARENESS MONTH

POSTER CONTEST

Who May Enter:

Any student of a Delaware public, charter or private school may submit a poster.

DIVISIONS:

Elementary: Grades K - 5, Middle: Grades 6 - 8, High School: Grades 9-12

Computer Generated Art: *Grades 9-12 only at this time*

Adapted Art: For students requiring assistance or adaptive technology to participate

Deadline:

Completed poster designs must be postmarked before midnight, **Friday November 29, 2024**. All entries become the property of the Governor's Advisory Council for Exceptional Citizens (GACEC) and will not be returned.

Poster Specifications and Contest Rules:

- ❖ Completed posters should be at least 8.5 x11 and no larger than 12x18.
- ❖ The Disability History and Awareness Month Poster Contest entry blank with information typed or printed clearly should be securely glued or taped to the back of the poster.
- ❖ Posters will be judged on originality, clarity of message and quality of artwork. The decision of the judges will be final.
- ❖ All posters and slogans must harmonize with the theme of Disability History and Awareness Month.
- ❖ Entrants agree to give the GACEC ownership of their artwork with the right to reproduce it.
- ❖ Winners will be notified by phone, mail and/or e-mail

POSTER ENTRY FORM

(FINAL SUBMISSION DATE – November 29, 2024)

Please Print

Student Name: _____ Grade: _____

Division (Circle One) Elementary Middle High Computer art Adapted Art

School Name & Address: _____

Principal's Name: _____ Teacher's Name: _____

Teacher's E-Mail Address: _____ School Phone: _____

*I understand that any artwork my child submits becomes the sole property of the GACEC and may be reproduced for publication by the agency.

Parent Signature: _____

Parent's Phone or Email: _____

I agree to allow my child's name to be included if his/her picture is selected for publication

Yes No

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Parent Signature: _____

Parent's Phone or Email: _____

I agree to allow my child's name to be included if his/her picture is selected for publication

Yes No