Name:	
(Please check one) Matriculated Keene State Student High School Student	Community Member Middle School Student
Name of Middle or High School	
Local Address:	
	Phone:
Name, email and phone number of the faculty a whose class your work was created:	ndvisor, professor, or teacher who helped you, or for
Name:	Phone:
Email:	
Part II: Title of your entry:	
Type of work (Research Paper, Essay, Poem, Sho presentation or a performance, you must sub	ort Story, Film, Artwork, Play, etc.) If your entry is a omit a digital copy along with this form.
If your entry is in the form of a presentation, ple	ease provide the name(s) of the performer(s):
(Up to five years)	play at the College for an indefinite period of time?
Yes No	(Over)



Please provide a paragraph explaining what inspired you to create this entry, and a paragraph describing your work. Please note that the description of your work may be included in the Program, or in the case of artistic submissions, the description may accompany your entry. (Please attach an additional sheet if necessary.)

Additional Information:

All entries must be submitted by: March 24, 2017 at 4pm.

Selection Process will begin on April 3, 2017

Awards Presentation: **April 23rd at 2:00pm** Alumni Recital Hall, Redfern Arts Center Keene State College

For additional information about the Awards, please contact: Tom White (603-358-2746) at twhite@keene.edu