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## VOSAP Art from Heart Contest Specific Rules/Guidelines

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Voice of SAP is a global advocacy non profit organization, promoting Empowerment of Specially Abled People. The program Art from Heart is aimed at spreading awareness, bring out emotions, expressions of creative mind to depict issues, solutions, visualize how inclusive society would be in year 2030 etc. One can also give expression of deeper thoughts of a Specially Abled Person (Visually Impaired or Hearing Impaired or Mobility Impaired or with Learning Disabilities).

The artist (person submitting entry) is a person who captures their own thoughts and ideas to create a visual piece of art. Accepted forms of visual art include sketching, drawing, painting, printmaking. Original Artwork only.

### **Theme: Disability**

An explanation of the art form might be a useful addition to the artist statement. Whether an entry displays use of formal technique or a simple approach, it will be judged primarily on how well the student uses his or her artistic vision to portray the theme, originality and creativity. Reproductions or enlargements of another artwork are not accepted. Artwork should refrain from to contain profanity or objectification of disability.

Copyright: Use of copyrighted material, including any copyrighted cartoon characters or likeness thereof, is NOT acceptable in any visual arts submission.

### **Submission Requirements:**

- Only new pieces of artwork inspired by the theme may be submitted.
- Each entry must be the original work of one student only.
- Dimensions must not exceed 24x30 inches, including matting.
- Include TWO digital images of artwork with your submission. One image of your artwork and another image student who created the artwork, holding the artwork.
- Framed artwork and artwork containing loose materials is not accepted. Matting is accepted.
- Label back of entry/entry packaging with student name, title of artwork, arts category, address and contact details
- Artwork that is selected will have to submit the work as per instruction provided later.



**FINALIST SELECTION AND NOTIFICATION.** Entries are reviewed at national level (USA) and international level. VOSAP determines its own reviewers for the program. Entries will be reviewed primarily on how well the student uses their artistic vision to portray the theme, their originality and creativity. The National "VOSAP Art from Heart" program makes no restrictions on content or subject matter in artwork. Under no condition may parents or students contact a reviewer to dispute the status/score of any entry.

VOSAP in its sole discretion will select finalists for exhibition and provide awards/prizes. As a reference, here is the weightage given to 3 key criteria of evaluation

1. Interpretation of Theme (40 pts.)
2. Creativity (30 pts.)
3. Technique (30 pts.)

**Key dates:**

- Last date to submit your entry is July 31 2020. Send your entry by email at [artfromheart@voiceofsap.org](mailto:artfromheart@voiceofsap.org)
- Awards and events will be announced on September 15, 2020 at [www.voiceofsap.org/artfromheart](http://www.voiceofsap.org/artfromheart)
- 3 prizes in each entry category will be given at VOSAP event to be held on International Disability Day - December 3 2020
- Details of the award ceremony will be announced by October 31 2020

**OWNERSHIP AND LICENSE.** Ownership in any submission shall remain the property of the entrant unless donated to VOSAP. However entry into this program constitutes entrant's irrevocable permission and consent that VOSAP may display, copy, reproduce, enhance, print, sublicense, publish, distribute and create derivative works for VOSAP purposes. VOSAP is not responsible for lost or damaged entries. Submission of entry into the VOSAP Art from Heart program constitutes acceptance of all rules and conditions.



*All participants must also follow Official Rules for Participation*

## Entry Form

FULL NAME: \_\_\_\_\_

AGE: \_\_\_\_ years and \_\_\_\_ months

PARENT/GUARDIAN NAME (IF APPLICABLE) \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE: Country code \_\_\_\_ Area Code \_\_\_\_ Number \_\_\_\_\_

### MAILING ADDRESS:

Street Address/Apartment Number \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

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I agree to the above statement and the VOSAP Official Rules.

SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

### GRADE DIVISION (Check One)

- ☐ PRIMARY (Pre-K-Grade 5)
- ☐ MIDDLE SCHOOL (Grades 6-8)
- ☐ HIGH SCHOOL (Grades 9-12)
- ☐ Above 12th Grade (Any Age)
- ☐ SPECIALLY ABLED ARTIST (Any Age)

### ARTS CATEGORY (OPTIONAL)

- ☐ DRAWING
- ☐ PAINTING
- ☐ DIGITAL ART
- ☐ MIXED MEDIA/ COLLAGE

TITLE OF WORK \_\_\_\_\_

List dimensions for **visual art work**: \_\_\_\_\_

I WOULD LIKE TO DONATE MY ARTWORK TO VOSAP: ☐ Yes ☐ NO

ARTIST STATEMENT (In 10 to 100 words, describe your work and how it relates to the theme)

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