

# **ONE-SHEET COMIC CONTEST**

Use this sheet to help you create your contest entry

## HOW TO ENTER:

1. Fold an 8 1/2"x 11" sheet of paper into a mini-book and create an original comic book on it. There are three ways to find the directions for making the mini-book:
  - Download the **Hands-On Project Instructions**
  - Find them at <http://art.scholastic.com>
  - Open to pages 14-15 of your *Scholastic Art* magazine.
2. Your comic may be in color or black & white. It may be humorous, fantasy or adventure, autobiographical, or instructional. It may feature dialogue or it may be a "silent" comic. Be sure to include your name on your comic.
3. Complete the **official entry form** (below) and attach it to your comic with a paper clip or binder clip. Make sure your name is also on your comic in case the entry form gets separated from the entry.

**QUESTIONS?** Have your teacher e-mail [scholasticart@scholastic.com](mailto:scholasticart@scholastic.com).

**NOTE:** We are *NOT* able to respond to student e-mails.

4. Mail your design, summary, and official entry form to:  
**Scholastic ART One-Sheet Comic Contest**  
557 Broadway, 4th Floor  
New York, NY 10012

**NOTE:** *Entries will not be returned.*

**PRIZES:** TEN Grand Prize Winners will each receive a prize pack of Prismacolor® art supplies worth approximately \$200

## JUDGING CRITERIA:

- originality of concept
- effective use of sequence
- craftsmanship/quality of entries

**DEADLINE:** All entries must be postmarked by **December 2, 2011**

**COMPLETE OFFICIALS RULES:** <http://art.scholastic.com>

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## **ONE-SHEET COMIC CONTEST** **OFFICIAL ENTRY FORM**

Complete this entry form and mail it with your entry to:  
**Scholastic ART, One-Sheet Comic Contest, 557 Broadway, 4th Floor, New York, NY 10012**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Teacher E-Mail: \_\_\_\_\_  
\_\_\_\_\_

Teacher Phone: \_\_\_\_\_

School Name: \_\_\_\_\_  
\_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_