

**Media Contest Application**

Name \_\_\_\_\_ I.D.# \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Description/Category of  
Entry \_\_\_\_\_

**\*Please list any special instructions required to view, interact, read, etc..  
your project.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*I understand this entry will be the property of JBU Health and Counseling  
Services and consent to their use of it for educational purposes.***

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**\*Please turn all entries in to Glenda Manos in the Student Development  
Office.**