

Lisa Michelle Memorial Fund



www.theLMMFund.org | info.theLMMFund@gmail.com

ART CONTEST APPLICATION FORM

To apply for the art contest from The Lisa Michelle Memorial Fund, please fill out the application below and submit all required documents listed in the criteria. Only completed applications will be considered. Applications and supporting materials must be received before the application deadline to ensure processing. The winner will be notified by email and the funds will be sent to the address noted on the application. **2026 submissions open on June 1, 2026 and deadline to apply is August 31, 2026.**

All documents must be submitted via email at info.theLMMFund@gmail.com. Winner will be notified by September 20, 2026. 1st Place: \$500; 2nd Place: \$350; 3rd Place: \$150

SECTION 1: PERSONAL INFORMATION

Name: _____

Address: (This should be the address where funds would be sent if selected)

City: _____ **State:** _____ **Zip:** _____

Email: _____

(Email address can be your parent/guardian's if needed)

SECTION 2: ACADEMIC INFORMATION

Name of School: _____

City: _____ **State:** _____

School Type: College/University High School Middle School Elementary School

Grade: _____

SECTION 3: HOW DID YOU HEAR ABOUT THE LMM FUND ART CONTEST? (Check all that apply)

Facebook Twitter Website Instagram School Friend or Family Member

Other _____

SECTION 5: ART CONTEST CRITERIA

1. Applications and supporting materials must be received before the application deadline to ensure processing. The winner will be notified by email and the funds will be sent to the address noted on the application. Email submission materials to info.theLMMFund@gmail.com
2. Applicants must personally create the art and the subject of the art must be created by the artist. This is not a photography contest.
3. All art mediums are acceptable **except** Artificial Intelligence (AI) generated art and photography
4. Submission documents can be sent by the student or a parent/guardian. Emailed to info.theLMMFund@gmail.com
5. Open to all ages who are attending school in the United States and Canada
6. Open to students attending public schools, private schools, home schools, colleges, universities, or trade schools.
7. Please do not enter art from copyrighted sources
8. **No** nudity, profanity, or graphic violence. Artwork that includes this will be disqualified.
9. Applicants must have had an immediate family member who passed away or suffered from substance abuse. (Completed Cause of Death/Substance Abuse Form must be signed to be considered)
10. The art piece must incorporate the Lisa Michelle Memorial Fund's logo in some way. (Logo below)



11. A digital photograph of the artwork must be submitted.
 - Use a high resolution camera to take the photo (Minimum resolution 300 dpi)
 - Use a white or dark background
 - Ensure there is enough lighting and no shadows or glare
 - Take the photo as straight and still as possible to prevent distortion
 - Check your image for blurriness and make sure it's clear
12. Only one piece will be accepted per applicant
13. Previous applicants can apply again, but previous winners do not qualify.
14. Completed submissions should be sent to info.thelmmfund@gmail.com

SECTION 6: DISCLAIMER AND SIGNATURE

I certify that my application answers are true and complete to the best of my knowledge. If this application leads to an award, I understand that false or misleading information uncovered in my application may result in my having to make restitution.

In entering any art to this contest, I verify that this entry is my original work. I understand that entering someone else's work is against the law and that if caught, my parents will be notified. Using someone else's copyrighted work may lead to pursuing legal damages. I further understand that I must have my parent's permission to enter this contest. I also verify this is my original work and that AI was not used in creating my art piece. By entering this contest I agree to the above statement.

I understand that by applying to the Lisa Michelle Memorial Fund art contest my artwork may be posted on the Lisa Michelle Memorial Fund's website and social media sites. I understand that I still retain the rights to my artwork.

Applicant's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Printed Name: _____

SECTION 7: LMM FUND WRITTEN CONFIRMATION OF CAUSE OF DEATH / SUBSTANCE ABUSE

I, _____, understand that to qualify for the Lisa Michelle Memorial Fund Art Contest my immediate family members must have suffered from substance abuse. The substance abuse must have led up to, contributed to, or been the reason for their cause of death. By signing this document, I certify that this is true and I understand that false or misleading information may result in my having to make restitution if funds have been awarded.

Applicant's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Printed Name: _____

SECTION 8: PRIVACY POLICY

We believe in privacy and in protecting the privacy rights of individuals. The Lisa Michelle Memorial Fund will not share any information with any other company, individual, or agency without the express permission of the student and parent/guardian. We do ask that we utilize the student name, residence state, title/description of artwork, and picture of artwork to be used on our website to announce winners, share other applicant information/pieces, and promote our art contest. To release this information please refer to Section 9 Lisa Michelle Memorial Fund Authorization for Release of Information.

Home addresses and email addresses will not be given or shared with any other company, individual, or agency for any purpose. Home addresses and email addresses will only be used by the Lisa Michelle Memorial fund to contact applicants and winners if there are questions or missing information on an application or to inform winners about the results of the contest and the ensuing publication on our website.

Please contact the Lisa Michelle Memorial Fund if you have further questions on our privacy policy.

SECTION 9: LISA MICHELLE MEMORIAL FUND AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant Name: _____

I hereby authorize The Lisa Michelle Memorial Fund (LMM Fund) to use and disclose information about me for the purposes of creating press releases, news stories, photographs or video clips, website and/or publications, as well as stand-alone pictures/graphics in which I may appear and/or be heard, for use in internal LMM Fund publications and/or disclosure to external (non- LMM Fund) media. This would also apply to images and information about my artwork including, but not limited to, the digital photographs submitted of my artwork, the title of my artwork, type of medium, and the description of my artwork submitted with this application.

The information about me may include my: name, state of residence, artwork photographs and artwork information for The Lisa Michelle Memorial Fund Art Contest. The information may also be disclosed to external media in the form of press releases, stories, photographs or video clips. It may also be used for internal purposes or on the LMM Fund website or through LMM Fund's own marketing or educational campaigns. The LMM Fund will not receive any direct or indirect payment from or on behalf of any third party in exchange for the release of this information about me. The LMM Fund will NOT release home addresses, school information, or email addresses.

I understand I am not required to sign this authorization, however the information will not be used or disclosed without authorization. I understand any information used or disclosed pursuant to this authorization may be subject to re-disclosure.

I understand I have the right to revoke this authorization in writing, except to the extent information has already been released pursuant to this authorization at the time of the revocation. I can revoke this authorization by sending correspondence to the Lisa Michelle Memorial Fund at info.theLMMFund@gmail.com.

I hereby release, discharge and agree to hold The Lisa Michelle Memorial Fund harmless from any liability that may arise from the release of information authorized above.

Date _____

Signature of Applicant or Personal Representative

Print Name

If the applicant is a minor or has a personal representative, I represent that I am the legal parent/guardian/ personal representative of the Applicant named above and I am not prohibited by Court Order from releasing access to the requested information