***PLEASE SUBMIT YOUR APPLICATION VIA EMAIL: blake@bmoreyou.net***



***If you have no means to apply online, you may mail-in this form; see the address at the bottom of the page.***

**Applications must be postmarked by Friday, October 31, 2025**

Questions? Email Blake More [blake@bmoreyou.net](mailto:blake@bmoreyou.net)   
or call (415-283-8204)

**Eligibility:** Applicants must

* be a Mendocino county resident
* be between the ages of 13 and 19 as of September, 2025
* be available to serve as Laureate for the program year, December 2025 – July 2026:

→ be living locally through the program year

→ not be enrolled in college full-time during the program year

Poems will be judged based on *Content, Craft*, and *Voice*. If you are entered into the final round, applications will be additionally judged on *Leadership* and *Performance*.

***For more information, visit****:* [*https://bmoreyou.net/youth-poet-laureate-2025-27/*](https://bmoreyou.net/youth-poet-laureate-2025-27/)

**APPLICATION**

|  |
| --- |
|  |
| **Name:** | **Pronouns: Birthdate:** | | |  |  |
|  | *Last First MI* | | *Month/ Day/ Year* | | |
| **Address:** |  |  |  |  |  |
|  | *Street Address* |  |  |  |  |
|  | **CA** | |  |  |  |
|  | *City* | *State* | *ZIP Code* |  |  |
| **Phone:** | **( )** | **E-mail:** |  |  |  |
| **School:** | **Grade:** | |  |  |  |
| **How did you hear about the Mendocino County Youth Poet Laureate program?** | | | | | |
| **Are you planning to be in Mendocino county for the full Poet Laureate program year (Dec 2025-Dec 2026)?** | | | | YES | NO |
| **Artist Statement/Bio*:*** *Introduce yourself. Tell us who you are and what poetry means to you. (250 words maximum. Please use a separate document/piece of paper.* Required. *Note: This info may be used as your bio if you advance to the final round.* | | | | | |

|  |  |
| --- | --- |
| **Part B. Awards and Service** | |
| **List any awards or honors you have received (including anywhere your work has been published). List any community service or activism you have done (you may use a separate piece of paper).** | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
| **Part C. Your Writing (required)** | |
| **Please attach printed copies of *three of your original poems,* totaling no more than 10 pages.** | |
| **Part D. Name of Adult Sponsor (required)** | |
| ***Please provide the name of an Adult Sponsor who you can ask to write you a letter of recommendation IF you advance to the final round. Tip: Choose someone who knows your writing, school performance or community involvement.***  Sponsor Name:  Phone Number or Email Address: | |
| **Signature & Guardian Information** | |
| Name of Parent/Guardian |  |
| *(Not required if you are 18 on Nov 20, 2025)*  Phone Number or Email for Parent/Guardian:  *By submitting this application, I agree that the poetry I submitted is my original work and I meet the Youth Poet Laureate eligibility requirements. I understand that if I advance to the final round, my writing may be published as part of the program, but I still retain the full rights to publish or perform my work anywhere else I choose.* | |
| Signature: | Date: |

***THANK YOU!***