



Mendocino County Youth Poet Laureate 2025-27

APPLICATION FORM



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
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/>

APPLICATION

Name: _____ Pronouns: _____ Birthdate: _____
Last First MI Month/ Day/ Year

Address: _____
Street Address

City State ZIP Code

Phone: (____) _____

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.

If you have no means to apply via email, MAIL COMPLETE APPLICATION TO:
Blake More, Youth Poet Laureate Submission, PO Box 765, Point Arena, CA 95468



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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!

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