



My Health Story Contest – Submission Guidelines

What's YOUR health story? #MyHealthStory

School-Based Health Care Awareness Month is the time each year that we pause to celebrate the value of school-based, school-linked and school wellness programs. This year, we're asking youth across Michigan to tell us how a School-Based or School-linked Health Center has improved their health and helped them to succeed in school.

DETAILS:

Contestants are asked submit a 300-500 word essay about their experiences with a School-Based or School-linked Health Center. Stories will be posted daily on our website from February 1st to April 26th to spread awareness of school-based health care in Michigan, leading up to our annual advocacy day. The story should answer one or more of the following questions:

- Why School-based health care is important to you?
- What challenges has your school-based health center helped you to overcome?
- How has school-based health care helped you become a successful student?
- Why should we continue to fund school-based health centers?
- If you could improve your center in one way, what would it be?

DUE DATE: Stories are due January 25th, 2016.

REQUIREMENTS

- Contestants must be youth who are 21 or younger who have used school-based health care services
- All contestants are required to submit a media consent form. Youth who are under 18 must have a signed consent form by their parent/guardian. You can find it at the end of this application
- A picture of the author is not required, *but we strongly encouraged it!*
- Send all forms and your essay to info@scha-mi.org

QUESTIONS?

Contact Kevin Lignell at 517-908-0847 ext. 231 or info@scha-mi.org



REWARDS

First place

- Invitation to advocacy day as our featured youth speaker, your story featured in an exhibit at the capitol as part of our school-based health care awareness exhibit, and a \$25 Gift Card

Top 5

- Featured in an exhibit at the capitol as part of our school-based health care awareness exhibit, and a \$25 gift card

Top 20

- \$25 gift card.

***NOTE:** All stories submitted will be featured in our blog as part of School-Based Health Care Awareness Month.

FAQs

What is the School-Community Health Alliance of Michigan?

The School-Community Health Alliance of Michigan is a 501(c)3 non-profit organization which supports 118 school-based and school-linked health centers in Michigan. We provide advocacy, professional development and technical assistance for these centers. This allows our health centers to focus on what they do best, keeping kids healthy and ready to learn. You can learn more about us at www.scha-mi.org

What will we use your stories for?

- All of the stories will be featured on our website blog as part of School-Based Health Care Awareness Month.
- The top stories will be included in our school-based health care awareness month exhibit in March.
- We may use a few stories when we solicit media coverage of future activities. We would ask your permission a second time before doing this.

How will winners be determined?

- A panel of SCHA-MI staff will select the top 20 stories and award prizes



Submission Form

Full Name

School Name

School-Based/ School-Linked Health Center Name

City

Phone Number

Email

Have you attended SCHA-MI's Advocacy Day in the past?

Yes No

HOW TO SUBMIT

Send your story (300-500 words), photo (optional), Submission Form, and signed Media Consent Form to info@scha-mi.org by Jan. 25th, 2016.

QUESTIONS?

Contact Kevin Lignell at 517-908-0847 ext. 231 or info@scha-mi.org



Media Consent Form For Youth 18 or Older

We are sending you this media consent form to both inform you and to request permission for your testimony, photo/image, and personally identifiable information to be published on School-Community Health Alliance of Michigan's website and social media. Pursuant to law, we will not release any personally identifiable information without your prior written consent.

Personally identifiable information includes student names, photo or image, residential addresses, e-mail address, and phone numbers. If you, or the parent or guardian, wish to rescind this agreement, you may do so at any time by contacting the School-Community Health Alliance of Michigan.

Check ONE of the following choices:

I GRANT permission to release my testimony, photo/image, and name to be published on School-Community Health Alliance of Michigan's public Internet website and social media.

I GRANT permission to release my testimony without any other personal identifiers to be published on the School-Community Health Alliance of Michigan's public Internet site and social media.

Your Name: (please print) _____

Your Signature _____

Date: _____



Parent/Guardian Media Consent Form For Youth Under 18

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on School-Community Health Alliance of Michigan's website and social media. The law requires that we ask for your permission to use information about your child under 18 years old. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian.

Personally identifiable information includes student names, photo or image, residential addresses, e-mail address, and phone numbers. If you, or the parent or guardian, wish to rescind this agreement, you may do so at any time by contacting the School-Community Health Alliance of Michigan.

Check ONE of the following choices:

I/We GRANT permission for this youth's testimony, photo/image, and name to be published on School-Community Health Alliance of Michigan's public Internet site and social media.

I/We GRANT permission for a testimony and photo/image of this youth without any other personal identifiers to be published on the School-Community Health Alliance of Michigan's public Internet site and social media.

Youth's Name: (please print) _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Relation to Student: _____

Date: _____