

Be Kind TO YOUR MIND

Youth Mental Health Art Contest

MAY IS
MENTAL HEALTH
AWARENESS MONTH.

We want you to show
us how you are kind
to your mind!



Students in grades K-College throughout our 7-county region in Kentucky (**Daviess, Hancock, Henderson, McLean, Ohio, Union, & Webster**) are invited to create and submit a visual art piece (drawing, painting, sculpture, poem, etc.) to promote Mental Health Awareness and how to, **"Be Kind to Your Mind."**

Entries **MUST INCLUDE** the attached application form, completed with signatures. One entry is allowed per student, and art should be original.

Entries can be addressed to:

RiverValley Behavioral Health – Youth Art, 1100 Walnut Street, Owensboro, KY 42301

Or entries can be submitted in person at any of the RVBH clinic locations listed below. All clinics are open Mon-Fri, 8am to 5pm:

Daviess County

1100 Walnut Street, Owensboro, KY 42301

Hancock County

1210 4th Street, Lewisport, KY 42351

Henderson County

618 North Green Street, Henderson, KY 42420

Ohio County

1269 Duvall Road, Beaver Dam, KY 42320

Union County

233 North Townsend, Morganfield, KY 42437

Webster County

110 Barrett Street, Providence, KY 42450

A **\$500 scholarship** and a certificate will be awarded to the project of the year winner in each division – K-4, 5-8, 9-12, and College (ages 18-24) – with a matching contribution for the school or nonprofit youth organization listed by the winners.

The organization with the most entries will be named the Mental Health Partner of the Year, **earning an award and \$1,000!**

For more information, email: contest@RVBH.com or scan the QR Code to visit us at www.rvbh.com/artcontest



DEADLINE TO SUBMIT IS
APRIL 16, 2026

Mental Health Art Contest Project Entry Application

All submissions **must include** this completed application and be postmarked/received by 4/16/26.

Artist Information

PLEASE PRINT LEGIBLY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email Contact: _____

Grade: _____ School or Youth Organization: _____

Parent/Guardian Information

(FOR ARTISTS UNDER 18 YEARS OF AGE)

Name: _____

Phone: _____ Email: _____



WAIVER/RELEASE

(Required for all entries)

Please attach a separate sheet of paper with a brief description of the submitted project and what inspired you to create this project. (Required for valid entry)

Dear Student/Guardian of _____ ("Student")

We would like permission from you to use Student's artwork and likeness of RiverValley Behavioral Health's ("RiverValley(s)") promotion of positive mental health. The promotional use may include posting Student's artwork or likeness on social media, in RiverValley facilities or RiverValley publications/newsletters, or incorporating the artwork or likeness into marketing events and public presentations. If you so consent, please read and sign below.

CONSENT: I, the undersigned Student or guardian of Student, who is under 18 years of age, confirm Student is presently a K-12 or college student residing in one of the seven counties of the Green River Regions (Daviess, Hancock, Henderson, McLean, Ohio, Union, & Webster). **I hereby grant permission for Student to donate their artwork to RiverValley and for RiverValley to use said artwork for the promotional use described above, and for RiverValley to reproduce said artwork.** I further grant RiverValley, its officers and employees, permission to photograph Student in connection with all activities related to the artwork and to use Student's photos for promotional use described above. I hereby release RiverValley, its officers, board members, employees, and contractors from any, and all liability or legal claims related to the use and promotion of Student's artwork or likeness.

PRINTED NAME OF STUDENT (if 18 years or older) **OR GUARDIAN** (if Student is under 18 years of age)

SIGNATURE OF STUDENT (if 18 years or older) **OR GUARDIAN** (if Student is under 18 years of age)

DATE