



**MISSOURI POET LAUREATE 2012
APPLICATION**

Name: _____
Last First Middle Initial

Home Phone: _____ Work Phone: _____
Cell Phone: _____ Fax: _____
Email: _____

What other names have you used? (Include name changes, pen names, nicknames, maiden names, and former married names):

Social Security No. _____ Driver's License No.: _____

* Gender: _____ Male _____ Female * Ethnicity: _____

* **NOTE:** This information is **required**, and will be used to track demographic statistics; it will not be used for any discriminatory or otherwise unlawful purpose.

* Marital Status: _____ Single _____ Married _____ Divorced _____ Separated _____ Widow

* Spouse's Full Name: _____

Are you a United States Citizen? _____ Missouri Resident? _____

How long have you resided in Missouri? _____

Current Residential Address: _____

Street Address (No post office boxes, please!)

City

County

State

Zip

Have you or your spouse ever had any association with any person, group, or business venture that could be used, even unfairly, to discredit or attack your character and qualifications?

Yes _____ No _____

If yes, please describe.

Have you or your spouse at any time belonged to any membership organization that, as a matter of policy or practice, denied or restricted membership or affiliation based on race, sex, disability, ethnic background, religion, or sexual orientation, or has been subject to a claim that it has done so?

Yes _____ No _____

If yes, please provide details.

Please provide any other information, including information about other members of your family, which could suggest a conflict of interest or be a possible source of embarrassment to you, your family, the Board/Commission for which you are applying, or the Governor:

Please document your eligibility by circling "Yes" or "No" in response to the following questions:

- | | | |
|-----|----|--|
| YES | NO | I am a resident of the State of Missouri. |
| YES | NO | I am a published poet, and am active in the poetry community. |
| YES | NO | I am willing and available to promote poetry in Missouri over the next 2 years. |
| YES | NO | I am the single creator of the works of poetry I am submitting. |
| YES | NO | I am at least 18 years of age. |
| YES | NO | If selected, the Office of the Governor of the State of Missouri and his designees have my permission to use my work sample or a portion thereof, my likeness, and my biographical information for publicity purposes. |

If you answered "No" to any of the above criteria, you are NOT eligible to serve as Missouri Poet Laureate.

I certify that I meet all eligibility requirements listed herein for appointment as Missouri Poet Laureate, and that all the information in this Application and its attachments are true and correct to the best of my knowledge, and that I have submitted a complete application.

Applicant's Signature

Date

In addition to completing application, you must submit a current resume (not a biography) AND three (3) representative works of your poetry to:

**Office of Governor Jeremiah (Jay) Nixon
ATTN: Boards and Commissions
Post Office Box 720
Jefferson City, MO 65102
Fax: 573-751-1495
E-mail: deborah.price@mo.gov**

ALL SUBMISSIONS, COMPLETE WITH ALL REQUIRED ATTACHMENTS, MUST BE RECEIVED IN OUR OFFICE NO LATER THAN FRIDAY, FEBRUARY 24, 2012, TO BE CONSIDERED.

Questions? Please contact our office: 573-751-3222.