



## 2020” Love Makes Whole” Painting Competition

### **Host organization**

Noordhoff Craniofacial Foundation (NCF Taiwan)

### **Theme of art work**

*Home (a place that warms your heart)*

What picture best describes “Home”? Is it having a dinner with your family? Having a picnic with your family? Camping? Reading story books with your family? Taking care family member who’s sick? Or clean the house together? What is home? Share with us the painting of your home, the feeling you have to your home, and what home really means to you.

### **Entry Requirements**

Cleft and craniofacial patients in Asia, divided into 2 age groups.

Group 1 – Children /teenagers under 18 yrs

Group 2 – Adult of 18 and above

### **Deadlines**

**May 20<sup>th</sup>, 2019**

### **Requirements of the work:**

Participant:

1. Each participant is allowed to submit only one piece of work; multiple creation will not be accepted.
2. Participant should provide a photo & diagnosis statement / recommendation letter from doctors in submission.

Work

1. Specification: 393 \* 273 mm, horizontal drawing. All types of mediums for the painting are accepted (Ex. Watercolor, oil painting, crayons...etc)
2. Title: less than 10 words / Painting description: 50-100 words / Personal story: 100-200 words
3. The painting should be well wrapped in case of delivery damage.
4. The painting should be unpublished. Plagiarism is strictly forbidden, if any violation of copyright or plagiarism were found, the participant is considered disqualified.

**Note:** Computer graphic will not be accepted.

## **Copyright**

NCF holds full copyright of the paintings, including the right to reproduce, modify, display, publish the work in any form, the author should claim no charge for the purposes mentioned. The work will not be returned to the participants. Any income generated by the work will be used in medical treatment for the cleft & craniofacial patients.

## **Submission**

Mailing address: Rm.708, 7F., No.54, Sec. 4, Minsheng E. Rd., Songshan Dist.,  
Taipei City 10574, Taiwan

Telephone: +886-2-2719-0408

Contact person: International Cooperation Division

## **Prizes**

1. 12 winners will receive cash prize of USD 100 and ten copies of NCF calendar each.
2. Participants who wins the Gold or Silver awards will be invited to the Prize Award Ceremony in Taiwan. Round-trip flight tickets and free accommodation will be offered.

**Note:** The Award Ceremony will be held in Taipei on [September 22, 2019](#). Exact time and location is to be confirmed.

## **About NCF Taiwan**

The Noordhoff Craniofacial Foundation (NCF Taiwan) is a non-profit humanitarian organization established by Dr. Samuel Noordhoff in 1989. Based on the belief of "Love Makes Whole", NCF dedicates to helping people who have congenital craniofacial deformities. NCF started international cleft programs in 1998. Since then, NCF has achieved 74 medical missions over 9 countries, trained 153 cleft medical practitioners of 19 nationalities to support medical teams to set up local craniofacial centers and provide sustainable cleft care.

Email: [nncf@nncf.org](mailto:nncf@nncf.org)

TEL: +886-2-27190408

ADD: Rm. 708, 7F., No.54, Sec. 4, Minsheng E. Rd., Taipei City 105, Taiwan



No.

## 2020 Home Painting Competition

### Registration Form

Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Head-Size Photo
Nationality		School/grade (If any)		
Category	Age: _____ <input type="checkbox"/> Children & teens (under 18) <input type="checkbox"/> Adult (18 & above)	Diagnosis	<input type="checkbox"/> Cleft Lip / Palate <input type="checkbox"/> Microtia <input type="checkbox"/> Other Craniofacial Deformity (    ) <b>*Please attach certificate of diagnosis or physician recommendation letter in the next page</b>	
Title of the painting (within 10 words)		Painting description (50-100 words)		
Personal story (100-200 words)				
Tel No.		Mailing Address		
Mobile No.		E-mail		
Signature (Guardian) Children under 12 requires at least one signature from the parents		Signature (Guardian) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____		
<b>Participant's Declaration</b> I hereby AFFIRM that: <ol style="list-style-type: none"> <li>1. NCF possesses the INTELLECTUAL PROPERTY RIGHTS of my work and can reproduce it in any media for advertising or charity purposes without further notice to and without additional compensation.</li> <li>2. All the information provided is true and correct.</li> <li>3. I have read the registration brochure with complete understanding.</li> </ol>				(Signature)      (Date)

## **ATTACHMENT**

- Certificate of diagnosis or**
- Physician recommendation letter**

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