

2026 Charity Calendar Painting Competition

**Host organization**

Noordhoff Craniofacial Foundation (NCF Taiwan)

**Theme of art work**

***The Future Me***

Draw the future that makes your heart happy - whether it's you in your dream job, your most wonderful self, or a world filled with all things bright and beautiful!

**Entry Requirements**

Cleft and craniofacial patients of all age in Asia.

**Deadline**

April.30 ,2025

**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.
3. Please provide the Registration Form in both electronic and paper format. If the participant is under 18 years of age, their parent or guardian has to sign the paper registration form

Work

1. Specification: 393 \* 273 mm, horizontal drawing. All types of mediums for the painting are accepted (Ex. Watercolor, oil painting, crayons…etc). For computer graphics, please print on A3 paper and keep the original file.
2. The painting should be well wrapped in case of delivery damage.
3. The painting should be unpublished. Plagiarism is strictly forbidden, if any violation of copyright or plagiarism were found, the participant is considered disqualified.

**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.

**Prizes**

1. 12 winners will receive cash prize of USD 100 and NCF calendar each.
2. Participant who wins the Gold 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, Taiwan on **September 14, 2025**. Exact time and location are 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 more than 87 medical missions over 9 countries, trained over 182 cleft medical practitioners of 23 nationalities to support medical teams to set up local craniofacial centers and provide sustainable cleft care.

**Contact information**

Email: lily.tung@nncf.org; amber@nncf.org

TEL: +886-2-27190408

ADD: Rm. 708, 7F., No.54, Sec. 4, Minsheng E. Rd., Taipei City 10574, Taiwan



No.

**2026 Charity Calendar Painting Competition**

**Registration Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | Gender | □ Male  □ Female | Category | | Age: \_\_\_\_\_\_\_  □ Children & teens  □ Adult (18 & above) |
| Nationality |  | School/grade  (If any) |  |
| Diagnosis | □ Cleft Lip / Palate □ Microtia  □ Other Craniofacial Deformity（ ）  **\*Please attach certificate of diagnosis or physician recommendation letter in the next page** | | | | | |
| Title of the painting  (within  10 words) |  | Painting description  (50-100 words) |  | | | |
| Personal story  (100-200 words) |  | Photo |  | | | |
| Tel. |  | Mailing  Address |  | | | |
| Mobile |  | E-mail |  | | | |
| **To be signed by parent/guardian if the participant is under 18 years of age.**  **Signature (Guardian):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □Father □ Mother □ Other \_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Participant’s Declaration**  I hereby AFFIRM that:  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.  2. All the information provided is true and correct.  3. I have read the registration brochure with complete understanding. | | | | | (Signature)  (Date) | |

|  |
| --- |
| **ATTACHMENT**   * **Certificate of diagnosis or** * **Physician recommendation letter** |
| **Paste Here** |