

Silver Grove Publications, LLC Project Submission Application

*Please answer these sincerely and completely. If this is not followed, your submission will be rejected immediately.
Send all submissions to submissions@silvergrovepublications.com.*

1. Date of Submission: _____

2. Author Name: _____

3. Legal Name (If Different): _____

4. Phone Number: _____

5. Email: _____

6. Title of Work: _____

7. Medium: _____

8. Genre / Subgenre: _____

9. Manuscript Page Count: _____

10. Word Count: _____

11. Brief Description: _____

12. Has the Project been published before? _____ YES _____ NO

If YES, please describe where and if you have the rights to republish it through SGP:

SGP Rep Initials:

Author Initials:

13. Why should SGP accept this Project? Please explain your motivation behind writing this Project and why SGP should consider including it in its library.

14. How will your story reflect SGP's mission to bring exceptional stories into the world? Please describe. Make sure to include your strongest writing trait.

SGP Rep Initials:

Author Initials: