



Your name: _____

Name of your school: _____

I'm a Boy [] Girl []

Your age: _____

Where do you come from: _____

What did you draw:

Please describe the situation, the moment, the story behind the picture you have drawn. How did it happen that you realized how strong you really are? Where and at what time did it happen? What has changed in your life since it happened?

Please send your drawings, this questionnaire and the document that is signed by your parents to the following address:

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