

2016 HOPE Competition Submission Form

Name: _____

Student ID: _____

Year: _____

Concentration: _____

Phone number: _____

E-mail: _____

Title of piece: _____

Artist's Statement (Brief description of your work that may be displayed with your piece) Please limit to 50-100 words:

I understand that submissions become property of The School of VISUAL ARTS' Student Health and Counseling Services. I give The School of VISUAL ARTS and the Office of Student Health and Counseling Services the right to reproduce my submission for exhibition or promotional purposes as they deem appropriate.

Signature

Date