HOPE Poster Competition Guidelines

To participate, please fulfill the following requirements:

1. You must be currently registered as an undergraduate or graduate student in a degree-seeking program at SVA.

2. The target audience is SVA students.

3. All submissions must be accompanied by a scanned Submission Form.

4. Submissions should promote the REACH mission, and include the following text in any format or style: **REACH (Responsibility/Education/Activism/Compassion/Hope)** supports SVA in building a safe and caring community by emphasizing shared responsibility, promoting education and activism, role-modeling compassion, and inspiring hope.

5. Submit your entry as a digital file: JPEG or GIF at 300 dpi. Scan and crop digital image to final size. Please keep in mind that Student Health and Counseling Services will have all finalist designs professionally printed as an 18” x 24” poster. Email submission AND Submission Form to health@sva.edu with “HOPE Submission” as the subject heading.

6. Submit entry and Submission Form no later than Monday, January 28, 2013 at 4pm.

Student Health and Counseling Services
thanks you for your interest.
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):
______________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
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