



**THE STUDENT
REVOLVING LOAN FUND**
Reach for success.

THE STUDENT REVOLVING LOAN FUND 40th ANNIVERSARY LOGO

COMPETITION

APPLICATION FORM

FULL NAME	
DATE OF BIRTH	
AGE	
E-MAIL ADDRESS	
MAILING ADDRESS	
TELEPHONE (Home)	
TELEPHONE (Cell)	
SCHOOL	
ART TEACHER	

APPLICANT 'S PERMISSION (OVER 18):

I understand that by submitting my logo design to The Student Revolving Loan Fund, it will be used for any matter consistent with the branding of The Student Revolving Loan. I am voluntarily and knowingly waiving, releasing and transferring any, and all, of my rights for the use of my logo design to The Student Revolving Loan Fund. I hereby attest that I am the owner and original creator of this logo and relinquish any further rights or claims to use, or benefit from, the logo. I agree to be photographed and/or identified in local media as part of the logo contest, should I be selected among the top three entrants.

Printed Name _____

Signature _____

Date _____

PARENT / GUARDIAN PERMISSION FOR APPLICANT (UNDER 18):

Permission is hereby granted for my child's/my ward's logo design to be used by The Student Revolving Loan Fund. It is understood that my child's logo design will be used by The Student Revolving Loan Fund for any matter consistent with the branding of The Student Revolving Loan Fund. I am voluntarily and knowingly waiving, releasing and transferring any, and all rights for the use of my child's/ward's logo design to The Student Revolving Loan Fund. I hereby attest that my child/ward is the original creator of this logo and relinquish any further rights or claims to use, or benefit from, the logo whether for myself or my child/ward. In addition, I agree to have my child photographed and/or identified in local media as part of the logo contest, should the child be selected among the top three entrants.

Parent/Guardian Printed Name _____

Signature _____

Date _____