

## Permission to Obtain/Release Information

***The information submitted on my application is accurate to the best of my knowledge. I understand the information submitted on my application is subject to verification.***

***I understand that biographical information and photographs will be distributed through media releases and social media to promote the scholarship program and the students selected.***

***I give my consent for verification of data to the selection committee and to the release of biographical information and photographs.***

### **Signatures Required**

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Applicant Signature	Print Name	Date
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(If applicant is not 18 years of age)

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Parent/Guardian	Relationship to Applicant	Date
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