

SPRING GROVE AREA SCHOLARSHIP FOUNDATION

SCHOLARSHIP RECIPIENT RELEASE FORM

SPRING GROVE AREA SCHOLARSHIP FOUNDATION Dollars for Scholars® is requesting your permission to release information about you and your scholarship award, if applicable, to the general public via chapter material, such as our website, social media pages, brochures, videotape or audiotape, and via the media. (Initial either yes or no below.)

The purpose is to inform the general public, including families, students, teachers, principals, local community leaders, business leaders, etc., about available postsecondary education assistance and also provide information to the public—such as donors and potential donors—that the funds are being distributed as intended.

Please complete, sign and return this form to SPRING GROVE AREA SCHOLARSHIP FOUNDATION Dollars for Scholars, by March 13, 2013, along with your Scholarship Application and Financial Assistance Form. Your signature is required. You may fax the completed form to Suzanne Sterner, at (717) 225-6028, or email a scanned copy to sterners@sgasd.org

YES, Spring Grove Area Scholarship Foundation, Dollars for Scholars, has permission (parent or guardian if minor) to release information publicly. Specifically, I agree to allow my name, general biographical information and college information to be published as a scholarship recipient in appropriate public relations occasions and will be willing to provide a testimony to the chapter or reporters about what the scholarship means to me.

NO, Spring Grove Area Scholarship Foundation, Dollars for Scholars does not have permission (parent or guardian if minor) to release information publicly.

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ E-mail Address _____

Name of Parent/Guardian _____

Signature of Parent/Guardian (if student is under 18) _____

Parent/Guardian's Phone Number _____

Name of Post-secondary School _____

Major Field of Study _____ Anticipated or Actual Graduation Date _____

Student Signature _____ Date _____