**Permission to Release Information**

Applicant Name:

Phone:

Address:

Email:

The information contained within this application is true to the best of my knowledge. I understand that misrepresentation or fraudulent application may be grounds of loss of scholarship funds and/or require repayment. I understand that my application will not be considered if my application, essay, or rating sheet is not completed as instructed.

If named a recipient, I authorize the scholarship vendor to release any non-private information listed in this application to the media.

Applicant Signature:

Date:

If applicant is not 18 years of age on the date of application:

Applicant Parent/Guardian Signature:

Date:

**THE COMPLETED APPLICATION IS DUE BY APRIL 3, 2017 TO THE COUNSELING OFFICE**