**Student Financial Awards Application Information Waiver**

Please print, sign, and attach to your Student Award Application.

By signing this waiver, you agree to the following:

All applicants:

* The awards committee may use my general personal information (no identifying information will be used) for the purpose of research, statistical analysis, program evaluations and fund raising.

If you are the successful candidate for your award:

* I agree to release my name and my program to the donor of my award.
* I agree to have my name and the name of my award published in local media and onto social media.

Optional

\_\_\_\_\_\_\_\_\_ I agree to have pictures taken at the ceremony and published in the media (initial for agreement)

Student Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_