



SCHOLARSHIP AMERICA® SCHOLARSHIP RECIPIENT RELEASE FORM

Scholarship America, Inc. and its three programs: Dollars for Scholars®, Scholarship Management Services® and ScholarShop®, is requesting your permission to release information about you and your scholarship award, if applicable, to the general public via Scholarship America material, such as our annual report, Web site, brochure, videotape or audiotape, and via the media. (Check 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 post-secondary 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 Scholarship America, by _____. Since a signature is required, for a convenience, a pre-addressed envelope is provided or you may fax the completed form to 952/830-1929. Thank you very much.

_____ **YES**, Scholarship America, Inc. has permission (parent or guardian if minor) to release information publicly. Specifically, I agree to the following (check appropriate boxes):

I will allow my name, general biographical information and college information to be published as a scholarship recipient in a news release.

I will allow my photograph to be used in appropriate public relations occasions. I am enclosing a standard wallet-size head and shoulder photo.

I will be available to speak at special events and provide a testimonial about what the scholarship means to me and how it has changed my life.

I will be available to speak to reporters.

This release will be retained on file indefinitely.

_____ **NO**, Scholarship America 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 _____

Contact Information: Scholarship America, Public Affairs & Communications
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