



SCHOLARSHIP APPLICATION CONSENT FORM

In order for the applicant to be considered, this consent form must be signed by both the student applicant and parent/guardian. Completed form and all other application materials must be submitted to The Person County Education Foundation (PCEF) by February 28, 2021.

I, _____, hereby acknowledge that:

Applicant's Name

1. The information on this application is true and correct.
2. I give my permission for the information in my scholarship application to be shared with the individuals associated with the Person County Education Foundation.
3. I authorize my high school transcript to be released to the Person County Education Foundation.
4. I waive my right to view my letters of recommendation or other endorsements which are submitted on my behalf.
5. I release to the Person County Education Foundation the right to use my name and other information contained in this application for Foundation publications, reports and/or press releases.
6. I acknowledge and agree that if I am selected for a scholarship interview, I may be invited to participate in an online interview including video recording to be used only by the PCEF Scholarship Committee as part of the scholarship selection process.
7. I understand that it is my responsibility to ensure that all required documents attached to the application form and are received by the Person County Education Foundation by Sunday, February 28, 2021. I understand that late or incomplete applications will be disqualified.

Signature of Student Applicant

Signature of Parent/Legal Guardian

Printed Name of Student Applicant

Printed Name of Parent/Legal Guardian

Date

Date