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Sample Scholarship Agreement and Photo Release Form

Kids’ Chance of [State]

Scholarship Authorization Agreement and Photo Release

I understand that scholarships granted by Kids’ Chance of [state] are benevolent awards and these are made based on the funds available to the Kids’ Chance of [state] organization and upon the quantity and quality of applications each year.

I understand that scholarship decisions are made by the Kids’ Chance of [state’s] Scholarship Committee and its Board of Directors, and that they have discretion over the number and amount of scholarship awards.

I understand that this scholarship is for [one academic year] and that I am required to re-apply each year prior to the [date] deadline for consideration.

I understand that if all my financial aid combined exceeds the cost of attendance, the college, university or program may find it necessary to return the Kids’ Chance scholarship to this state organization.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under 18, Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I hereby give consent to Kids' Chance of [state], its directors, trustees, officers, agents, employees or designees to use my name and likeness in its promotional materials, including but not limited to printed materials, its website and electronic media and I further consent to and authorize that Kids' Chance of [state] may notify various media (including local newspaper, TV, radio and online news outlets) of the award of a scholarship to me as well as information concerning such an award including the name of my hometown, high school and the educational institution that I will be attending.

☐ I give consent

☐ I do not give consent

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under 18, Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please return this authorization/agreement to the Kids’ Chance office no later than (date).