



# VASHON COMMUNITY SCHOLARSHIP FOUNDATION

PO Box 1413, Vashon, Washington 98070  
info@vashonscholarshipfoundation.org

## VCSF SCHOLARSHIP RECIPIENT RELEASE FORM

**This sheet is to be completed and returned with your scholarship notebook on January 3<sup>rd</sup>, 2017. PLEASE PRINT ALL INFORMATION; thank you.**

VCSF is requesting your permission to release information about you and your scholarship award, if applicable, to the general public via chapter material, such as our website, social media pages, brochures, video, or audio, and other print media.

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.

\_\_\_\_\_ **YES**, VCSF has permission (**parent or guardian if under 18 years of age**) to release information publicly. Specifically, I agree to allow my name, photograph, general biographical information and college information to be published as a scholarship recipient in appropriate public relations occasions, and I would be willing to provide a testimony to the chapter or reporters about what the scholarship means to me.

\_\_\_\_\_ **NO**, VCSF does not have permission (**parent or guardian if under 18 years of age**) to release information publicly.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State & Zip Code

\_\_\_\_\_  
Student Cell Phone #

\_\_\_\_\_  
Student E-mail Address

\_\_\_\_\_  
Parent/Guardian Signature (if student is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent Phone #