

RELEASE OF INFORMATION

I, _____, do hereby give Freedom Alliance, the Freedom Alliance Scholarship Fund, and all of their business affiliates, its assigns, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, digital image, or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other legal purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I also acknowledge that by accepting the scholarship grant, Freedom Alliance and the Freedom Alliance Scholarship Fund have permission to use a photo, information and accounts of my situation, and the situation of my family members for its marketing and program purposes. Furthermore I acknowledge that I will use the funds given to me only for expenses related to pursuing a higher education. I am over eighteen (18) years of age and have read the above authorization and release prior to its execution.

Signature
(Parent or Legal Guardian Signature if participant/attendee is under eighteen (18) years of age)

Printed Name

Date

PERSONAL STATEMENT

Please tell us what it means to you to receive a Freedom Alliance Scholarship (we may share your answer with our supporters who generously donate to this fund):