

Applicant Certification and Permission to Release Information:

I, _____ hereby certify all information submitted on my scholarship application is true to the best of my knowledge. I understand that misrepresentation or fraudulent information may be grounds for loss of scholarship funds and/or require repayment.

I understand that my student personal and academic information which is classified as private under state and federal law.

I understand that by signing this Applicant Certification and Permission to Release Information Form, I authorize Marshall Scholarship Foundation Dollars For Scholars Inc. (MSFDFS) to release information from my current and ongoing personal and academic records and transcripts to other scholarship committees for their use in the selection and awarding of the scholarship recipients.

I understand that when my education information is released to others, MSFDFS has no control over the use those persons or their representatives make of the information. I understand that I am not legally obligated to provide this information and that I may revoke this consent at any time.

I understand that without my acceptance of this release my information will not be shared with scholarship selection committees and my application may not be considered when scholarships are awarded.

I hereby grant permission for my information to be released to and verified by scholarship selection committees, donors, potential donors and media, without compensation. A photocopy of this authorization may be used in the same manner and with the same effect as the original document. I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Applicant Signature: _____

Date: _____

If student is under age 18 at time of application submission, a parent's co-signature also is necessary:

Parent/Guardian Co-Signature: _____

Date: _____