

Memorandum of Understanding and Release of Information

Name (First, Middle Initial, Last)

SS#

You must sign and date the release statement below.

VERIFICATION

I hereby give permission for all financial and academic information related to my application for a Single Parent Scholarship to be released, upon request, to the Single Parent Scholarship Fund of Sevier County. (Please circle) Yes / No

I grant the Single Parent Scholarship Fund of Sevier County permission to use my name, photos and/or scholarship award amount for publicity purposes through media outlets. (Please circle) Yes / No

If applicable, I grant the Single Parent Scholarship Fund of Sevier County permission to use my child(ren)'s name(s) and photo(s) for publicity purposes through media outlets (e.g. newspaper, radio, Facebook, Twitter). (Please circle) Yes / No

If for any reason (e.g. victim of domestic violence), you need us to withhold your personal information from the media, please explain below:

Signature of Applicant

Date