



Name: _____ High School: _____

Student and Parental Consent Form [Form 4]

Please sign here to acknowledge that you understand and agree:

- All the information we are submitting is true and correct.
- I/my child must submit all required information and meet all deadlines to be considered for an award.
- All documents submitted become permanent property of Scholarship Foundation and will not be returned.
- I/my child will disclose to Scholarship Foundation all scholarships offered or received and failure to do so may result in a reduction or forfeiture of any potential Scholarship Foundation Award
- I/my child will not be eligible to receive a scholarship award if, for any reason, he or she is unable to attend the Scholarship Foundation Awards Ceremony on **Monday, May 11, 2026**.
- Scholarship Foundation of Indian River County may use any pictures taken of me/my child or my family in conjunction with Scholarship Foundation activities in support of its marketing and public relations efforts.

Applicant Signature _____ Name (Print) _____ Date _____

Parent Signature _____ Name (Print) _____ Date _____