

Al DeSimone's  
**Charity**   
**for Champions**

Charity for Champions INC. is requesting your permission to release information about you and your scholarship award, to the general public via our website, social media pages, brochures, videotape or audiotape, and the media. (Check either yes or no on box below.)

The purpose is to inform the general public, including families, students, teachers, principals, local community leaders, business leaders, etc., about available assistance and also provide information to the public—such as donors and potential donors—that the funds are being distributed as intended.

Please **complete, sign and return** this form to Charity for Champions INC. Your signature is required. You may fax the completed form to Sasha DeSimone, at (954) 641-1074, or email a scanned copy to [info@charityforchampions.org](mailto:info@charityforchampions.org)

**YES**, Charity for Champions INC., has permission (parent or guardian if minor) to release my information publicly. Specifically, I agree to allow my name and photograph, to be published as a scholarship recipient in appropriate public relations occasions; in any and all of its publications, including website entries, without payment or any other consideration.

**NO**, Charity for Champions INC. does not have permission (parent or guardian if minor) to release information publicly.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Post-secondary School \_\_\_\_\_

Major Field of Study \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

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

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

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