

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 email the completed form to Selena Santos, at [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 photo, 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 publicity.

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

Address \_\_\_\_\_ City \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

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

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

Major Field of Study \_\_\_\_\_ Anticipated or Actual Graduation Date \_\_\_\_\_

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

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

Parent/Guardian's Phone Number \_\_\_\_\_

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