

**Families of Freedom Release Form**

Families of Freedom would appreciate your consent to the collection and storage of your application and submitted photo, as well as the use of your name, image and shared story in print, on the internet and all other forms of media for marketing and PR purposes.

Sharing your story helps Families of Freedom's supporters see the impact of their support – and it helps us make more students like you aware of this incredible scholarship opportunity.

Families of Freedom will share with you any public use of your information prior to its publication. By providing your approval to share your name, image and story, you will be a vital help in promoting and expanding the reach of the Dream Award. We thank you for your willingness to help!

☐ I hereby consent to the use of my application and submitted photo, as well as the use of my name, image and shared story in print, on the internet and all other forms of media for marketing and PR purposes.

☐ I also hereby consent to participation in an interview, the use of quotes, and the taking of photographs or video by Families of Freedom.

☐ I understand that Families of Freedom will manage this data in compliance with its privacy policy available at [scholarshipamerica.org/privacy](https://scholarshipamerica.org/privacy) and that I may contact [data@scholarshipamerica.org](mailto:data@scholarshipamerica.org) for any requests regarding my data.

OR

☐ I decline and prefer Families of Freedom not use my photo or any collection of my story for any marketing and/or PR purpose.

Reason:

\_\_\_\_\_  
Printed Name of Participant (if 18 or over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

OR

\_\_\_\_\_  
Signature of Parent/Guardian:  
(If Participant is under 18)

\_\_\_\_\_  
Date