

**By my signature below**, I hereby authorize the Written In Red Foundation and their representatives or agents (“Scholarship Provider”) to request and obtain my academic, social conduct and enrollment information and records at any college and university I attend. Additionally, the Scholarship Provider may request and access my: academic transcripts, semester and cumulative grades, enrolled and completed coursework, declared major, degree plans, degree(s) earned, financial aid award and packages, and anticipated graduation and transfer date(s). I give my expressed permissions to the Scholarship Providers to share my educational and academic records with higher education institutions. This permission is granted to the Scholarship Provider in their efforts to assist me in my successful completion of my undergraduate education.

**By my initialing here**, I understand and embrace that it is the Scholar’s sole and full responsibility for notifying the Scholarship Provider of any updates to my name, contact information, identifiers, financial aid and any other information given above. The Scholar will be responsible to disclose all financial aid received from the school and outside scholarships and grants. The Scholar also understands that the scholarship amount can vary from year to year depending on his/her circumstances.

**By my initialing here**, I grant permission to the Scholarship Providers to use my image, name and/or likeness in foundation publications, media releases, and materials created for purposes of scholarship promotion or marketing. I understand that releasing media permissions is not required to receive scholarship funds. If I did not initial the line at the start of this paragraph, I understand that my name and image will be omitted from public listings and other media releases.

The authorizations are valid for a **maximum of five (5) calendar years** following the date of my high school graduation. I understand that, in accordance with United States Law, the student alone may request from the Scholarship Providers a copy of my disclosed records. I permit the Scholarship Providers to make any amendments to the named college, major, and personal contact information, should the information change from the date the form was originally signed. I understand that any information collected by the Scholarship Providers may be used to compile general program reports and anonymous information may be shared with educational institutions and agencies in order to document program effectiveness.

In accepting this scholarship, I agree to hold harmless, Written In Red Foundation, its agents, representatives and business affiliations according to New Mexico state law.

<b>Scholar Printed Name:</b>	<b>Scholar Signature:</b>	<b>Dated:</b>
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***A Legal Guardians’ Signature Required If Scholar Is Under Age 18 At The Time Form Is Completed:***

<b>Signature of Legal Guardian:</b>	<b>Phone Number:</b>
<b>Full Name of Legal Guardian (Printed):</b>	<b>Dated:</b>

Please make and keep a copy of this form for your files.

***Please complete and email to [scholarship@writteninredfoundation.com](mailto:scholarship@writteninredfoundation.com) Enter your Last, First name in the subject line of your email. A reply message will be received when sent to the correct address.***