

ACTEAZ SCHOLARSHIP ASSURANCES/SIGNATURES FORM

This form is required to be completed signed with the appropriate signatures to be able to proceed to the scholarship judging.

Name of Student Being Nominated:	
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ACTEAZ MEMBER ASSURANCE/SIGNATURE

I nominate this CTE student for ACTEAZ Scholarship and have written a nominating letter to be included with the application. **Remember you can only nominate two students.**

Nominating ACTEAZ Member: (print):	Nominating ACTEAZ Member (Signature):
Phone:	E-Mail:

PUBLICITY ASSURANCE/INITIAL

If you are awarded an ACTEAZ Scholarship and would like to have your local newspaper notified, please provide the full name, address and e-mail address of the newspaper. **(Not required to be completed)**

Please initial to give permission for your name to be in newspapers articles, videos, conference materials, association websites, press releases, etc. regarding this scholarship and information about student.

Applicant Initials:	Parent Initials for Applicant Under 18 Years of Age:
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SCHOLARSHIP MONIES and RELEASE OF INFORMATION

Scholarship Monies

A signature below indicates you understand that the scholarship monies must be used by June 30, 2020. If not used during this time frame, the monies will remain in the scholarship fund to use for another student. All information contained is accurate.

Release Information

By asking to be considered for an ACTEAZ scholarship you are giving your consent for ACTEAZ to release your personal information to ACTEAZ Affiliates who will be considering you for scholarships. This includes, but is not limited to, your application information (resume, letter, etc.), GPA, letter of recommendation, etc. Also, should you be selected to receive a scholarship, ACTEAZ or its affiliates may request updates of your progress and attendance in school. Only affiliates seriously considering you for scholarships and approved by ACTEAZ may have access to this information and no information will be provided to any other outside sources.

Student Signature:	Date:
Parent/Guardian Name for Applicant Under 18 Years of Age:	Date:
Parent/Guardian Signature for Applicant Under 18 Years of Age:	Date: