



Blue Star Mothers Massachusetts Ch 1
Scholarship Release Form

If I am selected as a scholarship winner and in consideration thereof, I understand, agree and hereby grant permission to the Blue Star Mothers Ma Ch 1 to use my likeness and the name in announcing and promoting this scholarship program. I understand and agree the Blue Star Mothers Massachusetts Ch 1 Scholarship Selection Committee is solely responsible for the selection of the scholarship winners and its decision is final.

Signature of Applicant

Date

Signature of Parent or Guardian

Date

(If Applicant is under 18 yrs old)