

**EDUCATIONAL & CHARITABLE FOUNDATION ETA PHI BETA**

**SORORITY, INCORPORATED,** Alpha Theta Chapter



**MEDIA CONSENT AND RELEASE FORM**

Dear Scholarship Applicant:

Eta Phi Beta Sorority, Incorporated, needs your permission to use your picture and your name for media, website, or newsletters to announce you as one of our scholarship recipients.

Please sign and date this form and return it with your scholarship application(s) if you agree to the use of your picture and your name in our publications.

Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Parent        or        Guardian        Name \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date: \_\_\_\_\_

Best Regards,

\_\_\_\_\_

Renee Pauch

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Scholarship Chair

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Alpha Theta Chapter

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