**SkillsUSA SCHOLARSHIP DISCLOSURE AND RELEASE STATEMENT:**

By my acceptance of an award through the SkillsUSA Scholarship Program, I give my permission to SkillsUSA and the Sponsor(s) of the Scholarship, and their respective authorized agents and licensees (collectively, “Scholarship Sponsors”) to publish my personal information, including name, hometown, age/grade, career and technical education program area and a summary about me based on information obtained through my scholarship application and provided documentation for promotional purposes in their publications, including but not limited to their print and digital publications, press releases, and social media platforms, without payment, or additional notification to me by the Scholarship Sponsors.

I certify that all statements within my submitted application are true. I understand that if I have not been truthful in any aspect of this process, I become ineligible for a scholarship and any funds I have been awarded will be terminated. Awards are based on information contained in the application materials provided. I understand that my scholarship award is contingent on fulfilling all of the application guidelines.

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| Signature of Recipient |  | Date |  | Printed Name of Recipient |
| *Signature of Parent or Legal Guardian of the Award Recipient is required if the Award Recipient is under 18 years of age (or under the age of majority in your state of residence)* | | | | |
|  |  |  |  |  |
| Signature of Recipient’s Parent or Legal Guardian |  | Date |  | Printed Name of Parent or Legal Guardian |
|  |  |  |  |  |
| Printed Name of Recipient |  |  |  |  |