



PATRICK F. TAYLOR  
FOUNDATION

## SCHOLARSHIP APPLICATION CONSENT FORM

**In order for the applicant to be considered, this consent form must be submitted with the on-line scholarship application and signed by both the student applicant and parent/guardian.**

I, \_\_\_\_\_, hereby acknowledge that:

Applicant's Name

1. The information on this application is true and correct.
2. I give my permission for the information in my scholarship application to be shared with the individuals associated with and employees of the Patrick F. Taylor Foundation.
3. I release to the Patrick F. Taylor Foundation the right to use my name and other information contained in this application for Foundation publications, reports and/or press releases.

\_\_\_\_\_  
Signature of Student Applicant

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name of Student Applicant

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date