SKILLS FOR HOPE FOUNDATION
(the "Foundation")
Consent Form (Scholarship Recipients)

Consent and Release

If I, _____ **(name)**, am offered and accept the
Skills For Hope Foundation Scholarship, Award or Bursary, I consent to the Foundation
collecting, using, and publishing the following personal information about me:

- my first name and either my last name or the initial of my last name;
- my city/town, province/state or region, and country of residence;
- the fact that I have participated in the Foundation's programs and/or received a grant, award, bursary, or scholarship, including a brief description of that benefit;
- excerpts from my thank-you letter or email, or a summary of how participation in the Foundation's programs or receipt of funding has assisted or will assist me; and
- my image or likeness in photographs, video footage (including video recordings and video clips), and audio recordings.

This information may be used in print, online, and broadcast materials for the purposes of promoting the Foundation and its programs, supporting fundraising, and increasing public awareness.

I acknowledge that any photographs, video, or audio recordings may be used royalty-free, without further payment, and only for the purposes described above.

In consideration of any scholarship/award/bursary funds or other benefits I receive, I agree not to seek additional compensation for the authorized use of my personal information, images, or recordings. I release the Foundation, its affiliates, and their directors, officers, employees, volunteers and agents from any claims arising directly from such authorized use.

Note: A typed or electronic signature is legally binding.

Age Confirmation (required):

☐ I confirm that I am 19 years of age or older and legally able to provide this consent. If I am **under the age of 19**, this form must be reviewed and signed by a parent or legal guardian below.

Name:
Signature: _____ **Date:**
Email:
Address:
Phone:

Parent/Legal Guardian Name & Signature (if under 19): _____