



## Adult Learning Scholarship Application

Please Print or type all information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

LGBT identifier \_\_\_\_\_ or Parent identifier \_\_\_\_\_ State of legal residence \_\_\_\_\_

Year graduated or received GED \_\_\_\_\_ Final grade point average \_\_\_\_\_

Please list all high schools attended and colleges where you have taken any courses:

Name	City	State	Dates

Please list any schools you are considering and your approximate start date.  
\_\_\_\_\_  
\_\_\_\_\_

I plan to enroll       Full-time    Half-Time    Less than Half-Time

In addition to this form please  provide  the following  documents:

- A copy of your final high school transcript and GED if applicable
- Copies of any college transcripts for courses you may have taken
- Either a written or video essay telling us about you and why you should be considered.
- The completed, dated, and signed video release

The adult learning scholarship application is a revolving fund that facilitates adult students throughout the year. We will review all complete applications when we receive them.

Please send all information to Tamara Arment at [tamara.arment@proudscholars.org](mailto:tamara.arment@proudscholars.org) or by mail to:

**Proud Scholars**  
**Tamara Arment**  
**Scholarship Administrator**  
**P.O. Box 14671**  
**Cincinnati, Ohio 45250**



## Photograph & Video Release Form

I \_\_\_\_\_ hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- Promotional material printed and video
- Web site presentations
- Event informational presentations

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting. I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_

City \_\_\_\_\_

Prov/Postal Code/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_