

# Region 13 Youth Excellence Scholarship PRESS RELEASE AUTHORIZATION

Name of local newspaper: \_\_\_\_\_

Address for newspaper: \_\_\_\_\_

Telephone for newspaper: \_\_\_\_\_

Email address for newspaper: \_\_\_\_\_

By signing below I understand and confirm that the Region 13 AHA club has my authorization to use the photo provided with my application in the promotion and publication of the Region 13 scholarship program.

Applicant signature: \_\_\_\_\_

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

Parent or Guardian signature: \_\_\_\_\_

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

(Necessary if the applicant is not 18 or older as of the date of signing)