Lima Community Foundation Student Information Profile

Primary/Preferred Contact Information (Best to reach you)		Please Mark All That Apply	
Full Name:			Alumni Memorial
			Allen Co. Law Lib.
Last	First MI		Berger: Lima
			Berger: Shawnee
Address:			Barry
Street Address	Apt./Unit #		Bowers
	, -		Cheney-Welch-Carver
			Ciminillo
	State Zip		Class of 1956
Telephone: ()			Class of 1962
()			Class of 1964
			Class of 1970
Email:			Class of 1990
			Cory
Secondary Contact Info	rmation (Parents. etc.)		Dillman
Full Name:			Dotson
i uli Naille.			Fox
First Last	MI		Hall of Fame: Alumni
			Hall of Fame: Athletic
Address:			Hamilton
Street Address	Apt./Unit #		Hohen
Street Address	Apt./Onit #		Hubbell
			Irie 4-H
City	State Zip		Johnsen
Telephone:			Lawson
			Lima Striders
()			Leech
Email:			McBride
			McGovern
			Meredith
University to Attend:			Pope
			Principal/Counselor
To income that your coholombin/s) are represented and life 14.			Romney/Penhorwood
To insure that your scholarship(s) are properly credited to your account the following information is required:			Steiner
account the following	information is required.		Tullis
University/College ID Number			Werst
	<u>OR</u>		Wright Arts
Last 6 digits of your Social Security # XXX			Wright Athletic
:g : , : :			Lima City Schools Teachers

Please include a copy of your acceptance letter from the school you will be attending (may be mailed, faxed, or scanned and emailed).

Student Information Profile Must be Submit By June 30th.

Web Page/Social Media Consent Form

If selected as a scholarship recipient, I hereby consent to release for possible publication my name, scholarship information, photo(s) and/or video images taken by any authorized Lima Community Foundation (LCF) employee, school agents, or any media representative for news and/or publicity purposes. It is further understood that this consent is not required to receive a scholarship.

This may include television, newspaper, magazine article, social media sites (MySpace, Facebook, Twitter, etc.) and/or LCF publications (newsletters, flyers, brochures, World Wide Web Page, etc.).

I also agree to allow the publication or broadcast of my name in connection with any photo(s) and/or video images taken, and I understand that I will not receive remuneration for my voluntary participation or future use of any photo(s) and/or images of me. I understand that photos and /or videos for the media and /or World Wide Web may be used in publications and /or Web sites outside of LCF control.

I understand that I may revoke this authorization at any time by notifying the person or organization providing the information in writing. However, the revocation will not be valid if: The Lima Community Foundation has taken action in reliance on this authorization or if this authorization is obtained as a condition for receiving insurance coverage.

This authorization expires upon written notice from consentor.		Please note that a parent
NAME :	Date:	or guardian must sign
Please Print Clearly		for scholarship recipients
		under 18 years of age.
SIGNATURE:		_

Lima Community Foundation

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419-221-5930 Fax

Limacommunityfoundation@bright.net

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