Lima Community Foundation Student Information Form – Allen Version (Please complete this form AFTER the scholarship has been awarded)

Primary/Preferred Contact Information (Best to reach you)		Please Mark All That Apply
Full Name:	Х	Shawnee Schools Only:
		Alumni Legacy 2023
		Berger Education/Teacher 2023
Last First MI		Frail Family 2023
Address:		Gordon 2023
Address.		Kirk 2023
Street Address Apt./Unit #	_	Wandell 2023
		Zazar-Portman 2023
City State Zip Telephone:	X	Lima Central Catholic Only:
()		Ciminillo 2023
	X	Elida Schools Only:
Email:	_	Curry 2023
Secondary Contact Information (Parents, etc.)	X	All Allen County Schools:
Full Name:		Steiner – 2023
		Werst 2023
Last First MI	X	Rhodes State Only:
Address:		Countryman 2023
Address.		Leech 2023
Street Address Apt./Unit#	_	
City State Zip		
Telephone:		
()		
Email:		
	_	
University to Attend		
University to Attend:		
To insure that your scholarship(s) are properly	_	
credited to your account:		
University/College ID		
<u>OR</u>		
Last 6 digits of your Social Security # XXX	_	

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 consenter		Please note that a parent
		or guardian must sign
NAME :	Date:	for scholarship recipients
Please Print Clearly		under 18 years of age.
SIGNATURE:		

Lima Community
Foundation

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