ACADEMY SCHOLARSHIP

Parent/Guardian Consent Form

This form signifies that the parent/guardian is aware and agrees that HSLDA Online Academy can use and modify any submission in the Academy Scholarship for marketing purposes and attribute creation to the student by sharing their first name, last initial, and state of residence.

HSLDA Online Academy will store submissions and related submission information for three years after the close of the Student of the Year Scholarship competition.

For a student to be eligible for the Academy Scholarship, this form must be submitted with the other required materials at the time of submission. Failure to submit this form will disqualify a submission for the Academy Scholarship competition.

_________________________________________  _______________________________________
Student Name  Student Signature

_________________________________________  _______________________________________
Parent/Guardian Name  Parent/Guardian Signature

_________________________________________  _________________________________
Date  State of Residence