

**EDUCATIONAL & CHARITABLE FOUNDATION ETA PHI
BETA SORORITY, INCORPORATED, _____**



MEDIA CONSENT AND RELEASE FORM

Dear Scholarship Applicant:

Eta Phi Beta Sorority, Incorporated, needs your permission to use your picture and your name for media, website, or newsletters to announce you as one of our scholarship recipients.

Please sign and date this form and return it with your scholarship application(s) if you agree to the use of your picture and your name in our publications.

Applicant's Name _____

Applicant's Signature _____

Parent or Guardian Name _____

Signature of Parent or Guardian _____

Date: _____

Best Regards,

