

ETA PHI BETA SORORITY, INCORPORATED, \_\_\_\_\_



**MEDIA CONSENT AND RELEASE FORM**

February 28, 2025

Dear Scholarship Applicant:

Eta Phi Beta Sorority, Incorporated, needs your permission to use your picture and your name for media, website, or newsletters to solely 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 \_\_\_\_\_

(If applicant is 18 years or older, parent signature is not required)

Parent or Guardian Name \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

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

*Kimberly Shoulders*

Kimberly Shoulders M. Ed.  
National Director of Education

Eta Phi Beta Sorority, Incorporated