



Life-Changing Scholarships for Women Over 35

Name of Applicant \_\_\_\_\_

### **DECLARATION OF ACCURACY**

To be eligible for an award from Vital Impact, you must agree to the following statement and indicate your approval.

I hereby make application for funds from Vital Impact, to be paid to the school specified in the application. I declare that, to the best of my knowledge, the information provided on this application is correct and complete. Vital Impact has my permission to verify any information provided and contact any credit reporting agency as deemed necessary. **I fully understand that it is unlawful to knowingly make any false statement or representation on this application.** I understand this request for funds will not be reviewed unless my application form is complete and accompanied by two letters of recommendation.

I have read and understand the information presented above

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **RELEASE OF INFORMATION FOR PUBLICITY PURPOSES**

*Your response to the following statements will in no way affect the evaluation of your application for an award. However, we require a signature indicating your approval or disapproval.*

If I receive a Vital Impact scholarship award, I grant permission to Vital Impact to produce and/or distribute for public relations, educational, and/or research purposes the following items from my application (mark all that apply):

- my name
- my educational program and school
- my age
- city where I live
- my grade point average
- information about my family
- excerpts from my essay
- excerpts from my application
- photographs
- none of the above