



*Life-Changing Scholarships for Women Over 35*

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

## **RELEASE OF INFORMATION**

I agree that the information indicated above may be used in any form deemed appropriate including, but not limited to, news, releases, the Vital Impact website and publications, and it may be edited, copied or modified accordingly.

I understand that such materials as named above become the property of the Vital Impact. I acknowledge that I will not be paid for taking part in the production of these materials or from any proceeds that may come from their publication.

I understand that my agreement or disapproval of this publicity release does not apply to the confidential liaison communications with Vital Impact.

**YES**, I agree

**NO**, I wish to remain anonymous and do not approve the release of any information about me for publicity purposes.

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