

The George Clifford Newbold Scholarship Fund for Native Americans Foundation Authorization Form

I, (printed name) _____ understand that I am applying for the George Clifford Newbold Scholarship. I hereby give permission to officials of the Fund to make inquiries of my references and authorize officials of my institutions and references to respond to their inquiries. I have provided to release transcripts and other such information as the foundation may require / request to facilitate my consideration for this scholarship. I understand that this application shall only be available to foundation representatives who have a need to consider this material in the course of their duties, I also give my permission, if selected to use my name and or photograph(s) in conjunction with publicity materials and activities related to the Foundation.

I hereby affirm that the information which I have provided in this application and contained herein is true and accurate to the best of my knowledge and belief. Should I discover an error or omission, I understand that it is my obligation to immediately notify the Foundation.

Date: _____

Signature: _____

Witness: _____

Print Name: _____

Print Name: _____

