

Parent/Guardian Consent Form

The Mental Wealth Fund requires parental/guardian consent for minors under the age of 18 to apply for and receive scholarship funds. This form also provides consent for the collection, storage, and limited publication of names and/or photos for scholarship recognition purposes.

Applicant Information

Full Name of Applicant:	
Date of Birth (MM/DD/YYYY):	
School:	
Grade:	

Parent/Guardian Information

Full Name of Parent/Guardian:	
Relationship to Applicant:	
Phone Number:	
Email Address:	
Mailing Address:	

Consent Statements

By signing this form, I, the parent/guardian of the above-named applicant, consent to: 1. My child's application to the Mental Wealth Fund Scholarship. 2. The disbursement and acceptance of scholarship funds on their behalf if selected. 3. The collection and secure storage of my child's personal information as part of the scholarship application process. 4. The publication of my child's name, photo, or likeness solely for recognition and promotional purposes related to the Mental Wealth Fund.

Authorization

Parent/Guardian Signature:	
Date:	
Applicant Signature:	
Date:	