



## Parent's Authorization for Minor to Apply 2024-2025 COPFCU Scholarship Program

As the parent/legal guardian of the student noted below, I hereby give my consent for my child to apply for both the 2024-2025 COPFCU Scholarship Program and the CACUOA Scholarship Program. I further grant permission to COPFCU and CACUOA to verify any of the information provided in the application, essays or other documents submitted that are required to complete the application.

Student's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Name/Photo/Essay Release

Should my child be awarded a scholarship from Cincinnati Ohio Police Federal Credit Union (COPFCU), I(we) hereby authorize COPFCU to use and reproduce the following items in announcing/promoting the recipients of their scholarship as well as the scholarship program:

- My child's name
- My child's photo
- My child's essay responses

I understand that these items could be used for the purpose of publicity, advertising, publication, in web content and either in print or electronically. The items my child submits will become the property of COPFCU and will not be returned.

Student's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_