

YUMA MATCHMASTERS

Ray Middaugh and Omer Lee Casey Memorial Scholarship



PRIVACY ACT CONSENT FORM

To Whom It May Concern:

In Accordance with the provisions of Public Law 93-579, The Privacy Act of 1974, I hereby give consent for information concerning my file to be furnished to the Ray Middaugh and Omer Lee Casey Memorial Scholarship committee.

I also hereby give my consent for information enclosed in the scholarship application to be used in publicizing my receipt of the scholarship if such is the outcome of the selection board.

Full Name: _____

Address: _____

Phone: _____

Email: _____

Applicant's Signature

Date _____

*Parent/Guardian's Signature

**Required if applicant is less than 18 years of age.*