

Blue Star Mothers of America, Inc.

National Big Dipper Auxiliary Educational Assistance Application

Educational Assistance Release Form

If I am selected as an Educational Assistance recipient and in consideration thereof, I understand, agree and hereby grant permission to the BSMA Big Dipper Auxiliary to use my likeness and the name in announcing and promoting this program. I understand and agree the BSMA Big Dipper Auxiliary Educational Assistance Committee is solely responsible for the selection of the recipients of the Josephine Colenda Funds

and its decision is final. Selection notification to be made by: 10 days following the close of Convention.

Signature of Applicant

Date

Signature of Parent or Guardian

Date

(If Applicant is under 18 yrs old)

Please send a digital photo of yourself, i.e. a photo used in a yearbook (shoulder and head view looking at camera) to: president.bd@bluestarmothers.us

If I am selected as a Josephine Colenda (Educational Assistance) recipient, the local newspaper I would like the notice submitted to:

Newspaper's

name: _____

Address: _____

—

E-mail

Address: _____

Cell Phone number: ()