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Statement of Authenticity and Authorization for Release of Information

I understand that information provided on this application may be verified by LeadsOnline, LLC., and I authorize and request every person, firm, corporation, association, and/or agency having control of any documents, records, writings, or other information pertaining to me furnished to the LeadsOnline Scholarship Selection Committee any and all such information the selection committee believes relates to my qualifications and to participate in the 2012 LeadsOnline Scholarship program, and to permit the selection committee and any of its agents or representatives to inspect, copy, or otherwise record such information.

I attest that the video I submitted is my original work. I hereby assign all rights to the video and sound recordings contained in the file I submitted. In addition, I authorize the reproduction, copyright, exhibition, broadcast and/or distribution of this video without limitation. I hereby certify that

_____ I am over twenty-one (21) years of age, and am competent to contract in my own name in so far as the above is concerned.

_____ I am under age twenty-one (21). My legal parent/or guardian will also sign below indicating his/her acceptance of these terms on my behalf.

I understand that fabricating any information on this application may make me ineligible for any LeadsOnline Scholarship.

Applicant Signature

Date

Parent / Guardian Signature (if applicant is under age 21)

Date



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