

Scholarship Nomination Permission Form and Waiver

McKendree University

1. I understand that it is a privilege to receive McKendree University's endorsement for the _____ Scholarship or Fellowship. By signing below, I acknowledge that both my personal reputation and the reputation of the University can benefit from the manner in which I represent myself and the University. I will do everything within my control to safeguard my good name and that of the University throughout this award competition.
2. I hereby waive my right to view faculty and institutional letters of recommendation or endorsement, which are written for the purpose of this award competition. Although copies of these letters may be provided to me by the authors, I understand that this may be done as a courtesy by the author and does not affect this waiver.
3. As required under the Family Educational Rights and Privacy Act, commonly known as FERPA, I hereby give permission for my grade point average (GPA), transcripts, individual course grades, and individual assignment grades to be used and discussed as a part of faculty and institutional letters of recommendation and endorsements or the applications for this award competition by the committee designated by the McKendree University scholarship and fellowship review and endorsement process.
4. I grant permission for McKendree University to use my biographical information to publicize my nomination and/or receipt of this scholarship or fellowship. I also consent to have a copy of my application and all supporting materials retained indefinitely by the Coordinator of Prestigious Fellowships and Scholarships and understand that these materials (with the exception of transcripts) may be made available to future applicants as an example for them to review as they prepare their own applications.
5. I certify that all of the information I include in my application for this award, including listings of activities and awards, research undertaken or planned, and personal statements or other essays, are my own work and are accurate and honest to the best of my knowledge.
6. I hereby give permission to the McKendree University provost, or their designees, to release information to the Coordinator of Prestigious Fellowships and Scholarships from official college records pertaining to academic honesty and conduct offense violations, and to provide contextual information as to the severity of these offenses. This information may be given either in verbal or written form. The purpose of this release is for McKendree University to be able to consider my application for the award of or nomination for a merit-based scholarship or fellowship. I understand further that: (a) I have the right not to consent to the release of my academic honesty and conduct offense violation records at McKendree University; (b) except as may be provided by my waiver indicated below, I

have a right to receive a copy of any written information upon request; and, (c) this consent shall remain in effect until the end of the current academic year or until revoked by me in writing, delivered to the McKendree University Coordinator of Prestigious Fellowships and Scholarships, but that any such revocation shall not affect disclosures made prior to the individual's receipt of my written revocation.

7. I grant permission for the McKendree University committee designated to endorse my application for the _____ Scholarship or Fellowship to view publicly available on-line information and images pertaining to my person as part of the selection process.

[Please initial on the line below if you waive your right to review any recommendation issued pursuant to this request.] _____ I hereby waive all rights of access which I may have, now or at any time in the future, to any information provided in response to this request.

The undersigned releases any person or entity who provides any information described in this document from any and all claims, damages, losses, costs, or liability of any nature arising out of the provision of such information.

[All applicants must sign on the line below]

_____ Student signature

_____ Student name
(printed legibly)

_____ Date

_____ Date of birth