

## **MEDIA RELEASE FORM**

## for the Nebraskan's of World War II Scholarship/Pearl Harbor Award

| Applicant Name  |      |
|---|------|
| School_   |      |
| The Nebraska State Historical Society Foundation would like consent to release the stude and jpeg photo through a press release to the media and on the NSHS Foundation web sea scholarship.  |      |
| Yes, I give my consent.   |      |
| No, I do not give my consent.   |      |
|   |      |
| Signature of Parent/Guardian (if Student is under 18)   | Date |
|   |      |
| Address of Parent/Guardian (City, State Zip)  |      |
| (Or)  |      |
|   |      |
| Signature of Student (if 18 or over)  | Date |
|   |      |
| Address of Student (City, State Zip)  |      |
| INCOMPLICATION OF THE STATE OF |      |

INSTRUCTIONS: Please return this completed form with your Application Form. If you have any questions please call the NSHS Foundation at 402-435-3535.