

**CONTOOCCOOK VALLEY REGIONAL HIGH SCHOOL
CONVAL COMMUNITY SCHOLARSHIP FUND (DOLLARS FOR SCHOLARS)**

PARENT PERMISSION TO SHARE INFORMATION

Parents of \$250 CVCSF Scholarship Winners:

Hello again! We are about to enter into the next phase of our Awards process. Up to this point, your son or daughter has only been identified by an identification number in decisions that were made to award the first twelve \$250 scholarships. The next phase however requires a great deal more deliberation. We now must identify 6 of these 12 who are most deserving of the next level of support. This level would increase the \$250 award to \$500 in the first year and provide an additional \$500 in the second year. In the third phase, we would identify 3 of the remaining 6, two of whom would receive \$3000 in each of two years, and one of whom would receive \$1,750 in each of two years. This will require that we have additional financial and academic information on each of the students and, because so much of what we review is personally identifiable, we need your permission to share it. Finally, we would like your permission to photograph the successful recipients for purposes of distribution on brochures and web sites, and for release to local papers. Typically, our 6 finalists are made known to the public and, therefore, we need your permission to share their image with the public. Please read, sign and return the statement below along with the financial aid worksheet that we have provided. You might wish to keep a copy of this worksheet as it will serve as an important aid when you fill out your Free Application for Federal Student Aid application on line (www.fafsa.gov)

By my signature below, I am agreeing to allow members of the ConVal Community Scholarship Fund Awards Committee to share personal financial information that I have voluntarily provided to them so that they might make decisions regarding the need for my son/daughter to receive additional scholarship funds to support their post high school plans. I also agree that my child's academic records be released to CVCSF members for the sake of these deliberations and that his/her image be shared for publication in local papers and CVCSF Dollars for Scholars materials.

I understand that this information will be shared only with the student's Guidance Counselor and members of the CVCSF Awards Committee and that it will not be shared with any other members of the broader CVCSF Committee or with any other person associated with the ConVal School District without my expressed written permission. This permission will lapse upon the end of the Committee's work in June.

Student's Name: _____ Date of Birth: _____

Parent/Guardian Name (*please print*): _____ Phone: _____

Parent/Guardian Signature

Date

Rev. 1/10

(see reverse side)