



Helping good people do great things.

I CONFIRM THAT ALL THE STATEMENTS CONTAINED IN MY APPLICATION FORM AND ALL THE INCLUDED DOCUMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

PLEASE PRINT. YOUR NAME MUST MATCH THE NAME LISTED ON YOUR APPLICATION.

STUDENT'S NAME: _____

EMAIL ADDRESS: _____

STUDENT'S SIGNATURE: _____

PARENT'S SIGNATURE: _____

DATE: _____

FOR QUESTIONS OR COMMENTS, PLEASE CONTACT THE CHASE FOUNDATION:

CALL 575-746-4610 OR EMAIL: scholarships@chasefoundation.com

Chase Scholar Information Agreement – Contract Release and Waiver

IMPORTANT: This form is needed to better assist you during your college years. *Please print neatly.*
Be sure to complete each field using a black or blue pen.

Scholars' Legal First Name:	Middle Name:	Last Name:	
Other Names Used (Including Nicknames):		Date of High School Graduation (MM/DD/YYYY): / /	
Date of Birth (MM/DD/YYYY): / /	College/University Student ID #:	Social Security Number (or Federal ID#): - -	
Permanent Mailing Address – Academic Year (Street/PO Box):		City, State:	Zip Code:
Scholar Phone Number: Cell? Yes or No (circle one)	Parent Phone Number: Cell? Yes or No (circle one)	Scholar Email Address:	
Summer Mailing Address (if different from above):		City, State:	Zip Code:
College or University Attending:	Academic Year Beginning:	College/University Financial Aid Mailing Address:	
Intended Major (if undecided, leave blank):	If you are enrolling at a two-year college, do you plan to transfer to a four-year university afterwards? (please circle one) Yes No Not Applicable (N/A)		
If you plan to transfer from a two-year to a four-year educational institution, please provide the following: The name of college or university to which you intend to transfer: The approximate date of planned transfer: (Month/Year)			

By my signature below, I hereby authorize the Chase Foundation and their representatives or agents (“Scholarship Provider”) to request and obtain my academic, social conduct and enrollment information and records at any college and university I attend. Additionally, the Scholarship Provider may request and access my: academic transcripts, semester and cumulative grades, enrolled and completed coursework, declared major, degree plans, degree(s) earned, financial aid award and packages, and anticipated graduation and transfer date(s). I give my expressed permissions to the Scholarship Providers to share my educational and academic records with higher education institutions. This permission is granted to the Scholarship Provider in their efforts to assist me in my successful completion of my undergraduate education.

By my initialing here, I understand and embrace that it is the Scholar’s sole and full responsibility for notifying the Scholarship Provider of any updates to my name, contact information, identifiers, financial aid and any other information given above. The Scholar will be responsible to disclose all financial aid received from the school and outside scholarships and grants. The Scholar also understands that the scholarship amount can vary from year to year depending on his/her circumstances.

By my initialing here, I grant permission to the Scholarship Providers to use my image, name and/or likeness in foundation publications, media releases, and materials created for purposes of scholarship promotion or marketing. I understand that releasing media permissions is not required to receive scholarship funds. If I did not initial the line at the start of this paragraph, I understand that my name and image will be omitted from public listings and other media releases.

The about authorizations are valid for a **maximum of four (4) calendar years** following the date of my high school graduation. I understand that, in accordance with United States Law, the student alone may request from the Scholarship Providers a copy of my disclosed records. I permit the Scholarship Providers to make any amendments to the named college, major, and personal contact information, should the information change from the date the form was originally signed. I understand that any information collected by the Scholarship Providers may be used to compile general program reports and anonymous information may be shared with educational institutions and agencies in order to document program effectiveness.

In accepting this scholarship, I agree to hold harmless, Chase Foundation, its agents, representatives and business affiliations according to New Mexico state law.

Scholar Printed Name:	Scholar Signature:	Dated:
------------------------------	---------------------------	---------------

A Legal Guardians’ Signature Required If Scholar Is Under Age 18 At The Time Form Is Completed:

Signature of Legal Guardian:	Phone Number:
Full Name of Legal Guardian (Printed):	Dated:

Please make and keep a copy of this form for your files.

Please complete and email to scholarships@chasefoundation.com Enter your Last, First name in the subject line of your email. An auto reply message will be received when sent to the correct address.