ASSIGNMENT OF RIGHTS & CONSENT TO PUBLISH SCHOLARSHIP INFORMATION

KNOW ALL PERSONS BY THESE PRESENTS:

THAT I, of Aurora irrevocable full rights and license manner, in any and all media now or hereaf years or older), where we live (or I live if 18 addresses and phone numbers will not be d I will attending if 18 years or older), and phappropriate by the City of Aurora.	to publish, reproduce, transmit and other fer devised, my son or daughters name (of years or older) {city, state, and county or lisclosed), college my son or daughter will	or my name if 18 nly}; actual street be attending (or
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By signing the application and providing sup submitted are true and accurate. If selected payment of furthering attainment of education room and board.	as a scholarship recipient, the monies mu	ıst go toward
Print Parent or Guardian Name	Print Parent or Guardian Name	
Parent or Guardian Signature	Parent or Guardian Signature	Date
Print Student Name	Student Signature (if 18 years or older)	Date