

**MN TRIO Scholarship Signature Page**

Applicant Name: \_\_\_\_\_

- I understand that I will be required to show evidence of my registration for the Fall semester at an accredited college or university prior to receipt of this award.
- I understand, if awarded the scholarship, I must agree to have my photo and excerpts of my story available for MN TRIO publications.
- I attest that the information provided is true to date.
- I agree to notify the financial aid office at my chosen post-secondary institution of this scholarship.
- My director has a digital head shot photo of me available immediately upon request should I be selected as the recipient of the scholarship.
- I understand that I may be asked to speak at MN TRIO events in the academic school year.

\_\_\_\_\_  
**Student Signature**\_\_\_\_\_  
**Date**\_\_\_\_\_  
**TRIO Nominator Signature**\_\_\_\_\_  
**Nominator's Printed Name**

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**MN TRIO Consent Form**

I, \_\_\_\_\_, authorize the Minnesota TRIO Board and Public Relations subcommittee to publish my name, photograph, digitally record, and reprint or verbally share excerpts from my scholarship essay in publications or as testimony with legislators or any other groups who are being educated about TRIO. This would include the MN TRIO website and the Minnesota TRIO newsletter as well as other public relations material. I understand that if I am not enrolled in a post-secondary program by the fall semester of the scholarship award year, that I will no longer be eligible to receive the award.

\_\_\_\_\_  
**Student Signature**\_\_\_\_\_  
**Date**\_\_\_\_\_  
**Witness/TRIO Personnel Signature**\_\_\_\_\_  
**Parent Signature (if student is under 18)**