

# **SOROPTIMIST INTERNATIONAL OF ANACORTES**

## **Scholarship Committee**

### **2022 MEDIA CONSENT FORM**

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Student Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Cell/Home: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Parent/Guardian Consent Required if Under 18 Years Old.**

Parent/Guardian Name(print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form by mail or PDF copy on or before April 15, 2022.**

Mail to: Scholarship Committee  
Soroptimist International of Anacortes  
P.O. Box 654  
Anacortes, WA 98221-0654

PDF copy to: [carmenclaus@hotmail.com](mailto:carmenclaus@hotmail.com)