

ETA PHI BETA
SORORITY, INC.



Not For Ourselves, But For Others[®]

MEDIA CONSENT AND RELEASE FORM

Region or Chapter Scholarship Name

Dear Scholarship Applicant:

Eta Phi Beta Sorority, Incorporated, needs your permission to use your picture and your name for media, website, or newsletters to solely announce you as one of our scholarship recipients.

Please sign and date this form and return it with your scholarship application(s) if you agree to the use of your picture and your name in our publications.

Applicant's Name _____

Applicant's Signature _____

(If applicant is 18 years or older, parent signature is not required)

Parent or Guardian Name _____

Signature of Parent or Guardian _____

Date: _____

Signature of Regional Director or Chapter Basileus

Region or Chapter Name

Eta Phi Beta Sorority, Incorporated