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**The Bridge Network of Churches Scholarship Program
Release Information Form**

A copy of this form will be kept on file in the Bridge Network of Churches’ office and a copy sent to your school. ALL INFORMATION WILL BE TREATED BY the Bridge Network of Churches IN A CONFIDENTIAL MANNER. Virginia state law requires the student’s permission for the release of this information.

School I plan to attend:

School Address:

City: State: Zip:

Telephone:

I, , a recipient of a scholarship from the Bridge Network of Churches, do hereby give permission to my school to release any information requested by the Network related to my academic performance during the 2024/2025 academic year. This information will only be requested by the Network for the purpose of determining scholarship eligibility.

Thank you.

Applicant Signature:

Parent or Guardian Signature:

Date:

THE COMPLETED SCHOLARSHIP APPLICATION and REQUESTED MATERIALS MUST BE POSTMARKED/SUBMITTED NO LATER THAN APRIL 10, 2024.