



ABPA Harrington/Arthur Memorial \$1000 Scholarship Essay Contest

Parental Consent Form

We require a parental consent form signed & returned from the parents or legal guardian of each applicant under age 18 who is submitting an essay for the ABPA Harrington-Arthur Memorial \$1000 Scholarship Essay Competition.

Consent

I _____ hereby certify that I am the parent or guardian of _____ and I am fully aware that my child/ward has the intention to register for the ABPA Harrington-Arthur Memorial \$1000 Scholarship Essay Competition and has read the rules and regulations of the scholarship competition and agrees to abide by it.

Certification and Authorization

I hereby certify that all information provided by my child or ward in the application form is true.

Parent or Guardian's Full Name

Parent or Guardian's Email Address

Phone number (at which you agree we may contact your child and/or you) (Include Area Code)

Child or Ward's Full Name

Date of birth (mm/dd/yyyy)

Child's or Ward's Email Address

Parent or Guardian Signature

Date