

**Pacific Coast Chapter of the WOCN® Society
Gene Galindo Memorial Fund - Attachment B**

RELEASE & AGREEMENT FORM

Consent for Name/Application Release

The Pacific Coast Chapter (PCC) of WOCN may use my name during the scholarship application process; this would include contacting and sharing my application with PCC BOD and committee members.

I, _____, hereby give permission for the release of my name and application information to determine my fund eligibility during the review process and, in the event that I am awarded funds, my name may appear on the PCC the PCC Web site and other press releases.

Signature: _____ Date: _____

Please sign this release form. All information will be kept confidential.

Fund Agreement For Ostomy Education Project

I, _____, hereby agree to the following obligations after accepting Gene Galindo Memorial funds:

- Provide a written evaluation report within 30 days of fund utilization to the PCC Scholarship Chair.
- Present project outcomes at any WOCN chapter conference.
- In the event that the project is unable to be fulfilled per the agreement above, the monies heretofore accepted by me from the Gene Galindo Memorial Fund will be forfeited and returned to the PCC Treasurer in full within 45 days of the expected project closure date.

Signature: _____

Date: _____