

**Pacific Coast Chapter of the WOCN® Society
WOC and AP Scholarship - Attachment B**

RELEASE & AGREEMENT FORM

Consent for Name/Application Release

The Pacific Coast Chapter (PCC) of the 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. In the event that I am awarded funds, my name may appear on the PCC Web site and in other national press releases.

Signature: _____ Date: _____
Please sign this release form. All information will be kept confidential.

Fund Agreement For PCC WOC and AP Scholarship

I, _____, hereby agree to the following obligations after accepting PCC WOCN funds:

- In the event that the program is unable to be fulfilled per the agreement above, the monies heretofore accepted by me from PCC will be forfeited and returned to the PCC Treasurer in full within 45 days of the expected program completion date.
- Provide confirmation of program completion within 45 days of graduation to the Scholarship Chairperson.

Signature: _____

Date: _____

(May, 2024)