



# EILEEN MCCAUGHAN MEMORIAL SCHOLARSHIP

## Permission to Release Information

**TO:** Financial Aid Director: \_\_\_\_\_  
 University/College: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

I have applied for a scholarship from the Eileen McCaughan Memorial Scholarship. All of my required documents have been submitted to Eileen McCaughan Memorial Scholarship, and my file is complete.

I hereby authorize you to discuss my eligibility to receive the scholarship by telephone, mail, or email with a representative of the Eileen McCaughan Memorial Scholarship.

\_\_\_\_\_  
 Student Name *(print)*

\_\_\_\_\_  
 Parent Name *(print)*

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Student Social Security Number