















## Capitol Credit Union 2020 Scholarship Application

**PERMISSION TO USE PHOTOGRAPH** *(Please type or print clearly using black ink.)*

Event: 2020 Scholarship Program

I hereby grant to Capitol Credit Union the right to take photographs of me and my family, or use any other photograph I provide, in connection with the above-identified event. I authorize Capitol Credit Union, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Capitol Credit Union may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_ *(if under age 18)*