

BELLA MUNTEAN- ANGEL HEART OF HOPE SCHOLARSHIP APPLICATION

(Page 2)

CHURCH & MISSION ACTIVITIES <i>Church Name, time spent, responsibilities</i>	DATES

COMMUNITY ACTIVITIES <i>Please include time spent, and position held.</i>	DATES

PERSONAL ESSAY
<ol style="list-style-type: none">1. Write and attach a typewritten essay, 500 - 1000 words.2. Please elaborate on any Mission trips/church work or community service, and the reasons for your involvement and what you have learned from these experiences.3. Please describe the benefits of the scholarship and your goals and objectives for college.

PHOTO RELEASE <i>(Next Page)</i>
This will only be applicable for the chosen applicant if a photo is taken or used as part of the announcement.

EMAIL COMPLETE APPLICATION by FEBRUARY 1st

(including essay & transcript)

to:

brenda@angelheartofhope.org



BELLA MUNTEAN
ANGEL HEART OF HOPE MINISTRY
 419 The Parkway #103
 Greer, SC 29650
 Phone: 864.553.4793
brenda@angelheartofhope.org

PHOTOGRAPH & VIDEO RELEASE FORM

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational or marketing settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes (but not limited to):

- website, social media, marketing materials, newsletters
- conference presentations & informational presentations
- educational presentations or courses
- on-line educational courses, educational videos

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the internet or in the public educational setting.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio or video recordings collected.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

FULL NAME:		PHONE:			
STREET ADDRESS:		CITY:		ZIP:	
EMAIL:					
PHOTO TOPIC USE:	Scholarship applicant				
PERMISSION:	<i>If this release is for a child under the age of 18, then the signature of parent/ legal guardian is required.</i>				
_____ Signature / Parent Signature			_____ Date		