

GAH Auxiliary Scholarship

CONSENT FOR RELEASE OF INFORMATION

“I hereby consent to the release of any information in connection with the foregoing that in the sole judgment of the Gibson Area Hospital Auxiliary Scholarship Committee may be of assistance in evaluating scholarship applications. I hereby waive any confidentiality with respect to such information insofar as the Gibson Area Hospital Auxiliary Scholarship Committee is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose.”

Signature of Applicant _____

Date _____