# **Nationally Competitive Fellowships Permission and Waiver**

I indicate my intention to seek a nationally competitive scholarship. By my signature below, I understand that it is a privilege to apply for St. Olaf’s nomination for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name of fellowship). I acknowledge that both my personal reputation and the reputation of the College can benefit from the manner in which I represent myself and the College. I will do everything within my control to safeguard my good name and that of St. Olaf College throughout the award competition.

Pursuant to that objective and in accordance with the standards set by St. Olaf, I hereby waive my right to view faculty and institutional letters of recommendation, which are written for the sole purpose of this award competition. While copies of these letters may be provided to me by the authors, I understand that this is only done as a courtesy by the author and in no way affects the waiver.

As required under the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), commonly known as FERPA, I hereby give permission for my grade point average (GPA), transcripts, and individual course grades, to be used and discussed as part of faculty and institutional letters of recommendations and endorsements and the applications for this award competition.

I also give permission for the Fellowships Co-Directors to request official copies of my transcript(s) as part of the application process. It is my understanding that this official transcript may be sent to the fellowship foundation on my behalf.

In addition, I grant permission for St. Olaf to use my biographical information and photograph to publicize my nomination for a national award and my receipt of such an award, should I be fortunate enough to be selected. I also consent to having a copy of my application and supporting materials retained indefinitely by St. Olaf College and understand that it may be made available to future applicants as an example for them as they prepare their own applications.

By signing below, I also hereby certify that I have no Honor System violations or pending investigations, and all of the information I include in my application for this award, including listings of activities and awards, research undertaken or planned, and personal statements or other essays, are my own work and are accurate and honest to the best of my knowledge.

 I check this box to indicate a commitment to attend the preparatory session(s) associated with the award (pertinent to scholarship competitions for Fulbright, Truman, and Udall scholarships only). By failing to attend the mandatory preparatory session(s), I understand that my conditional institutional endorsement may be in jeopardy.

Please provide your 6-digit student ID here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Name (printed) Date**

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 **Signature Cell Phone\***

**\* The Fellowships Co-Director(s) will call your cell phone under two conditions: 1) If there is an urgent matter required of you during the application process for this fellowship; and/or 2) If you are offered a fellowship.**

If you would like a transcript mailed on your behalf to a granting institution or if you are off-campus and would like your transcript to be sent to you directly, please indicate the address where the transcript should be sent (leave empty if you are on-campus and intend on picking it up from the Registrar):

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_ **Zip/Postcode:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Country:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_