



The **Student Mentor Project**
Students Changing Lives of Students

Return all documentation to the address below.

***The Student Mentor Project Scholarship
Authorization for Release of Information***

The undersigned hereby authorizes the release of any information, which may be required by TSMP in order to determine my eligibility for a TSMP Scholarship. This may include, but not be limited to, information on additional grants received, enrollment, grades, and current address or telephone number.

Signature: _____

Date:

Printed Name: _____

For minors under age 18:

Signature of parent or guardian

Printed name