Matinée Musicale Nancy F. Walker Memorial Scholarship

WAIVER, RELEASE, & ACKNOWLEDGMENT BY PARTICIPANT

1. I hereby acknowledge that I will, if selected as a top scholarship award winner, perform on Saturday, April 3, 2027, for the Scholarship Recital at Greenacres Arts Center, 8400 Blome Rd., Indian Hill, Cincinnati, OH 45243, and that if I fail to so perform, any monetary scholarship award will be forfeited.

2. I hereby waive my right to view letters of recommendation or endorsement which are written for the purpose of this scholarship application. Although copies of these letters may be provided to me by the authors, I understand that this may be done as a courtesy by the author and does not affect this waiver.

3. I hereby grant Matinée Musicale and its successors and assigns my irrevocable permission to photograph, film, or record my image and audition for the use in publications (in print, online, and on social media sites), film and video productions, news coverage, and documentaries. This includes the use of my name in publications. This consent is granted without compensation. All copies of my image photographed, filmed, or recorded under this agreement shall constitute the sole property of Matinée Musicale, which has my permission to edit, reproduce, or use the images and recordings in any medium whatsoever without limitation or reservation, free and clear of any claim whatsoever on my part.

4. I acknowledge that scholarship awards are made at the sole discretion of the judges and that the judges may decline to extend a scholarship award if the judges determine, in their sole discretion, that such scholarship award is not merited.

5. I acknowledge that any scholarship award will be reviewed by my educational institution in accordance with federal and state regulations and institutional policy as it relates to any combined federal, state, institutional, and private financial aid package in which I may participate.

6. I certify that all of the information I include in my application for this scholarship is my own work and is accurate and honest to the best of my knowledge.

_____

Applicant Signature Date

_____

Applicant Name (please print) Date

_____

Parent or Guardian Signature (if Applicant is a Minor) Date

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Parent or Guardian Name (please print) Relationship