



*Chartered March 21, 1925*

***Service Above Self***

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Lompoc Rotary Club Scholarship Program 2025-26  
Release Form

I agree to allow the Scholarship Committee to have access to any pertinent information necessary to assist them in determining any eligibility for the Rotary Scholarship Program.

Applicant Signature: \_\_\_\_\_

*Parent/Guardian signature needed if applicant is under the age of 18.*

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_