

2024 SONS & DAUGHTERS SCHOLARSHIP PROGRAM

PUBLICATION RELEASE FORM

Parent Name (print - if applicant is under 18)	Parent Signature (physical signature required if applicant is under 18)
Applicant Name (print)	Applicant Signature (physical signature required)
•	on and any of its related entities to identify me as a scholarship ublications or other media outlets promoting the scholarship program if I Daughters scholarship.
I hereby authorize Brunswick Corporation and any of its related entities to identify me as a scholarship recipient in any press releases, websites, publications or other media outlets promoting the scholarship program if I am selected to receive a Brunswick Sons & Daughters scholarship. I grant permission for my name, information, voice, image or likeness to be used.	
Please check only one box and sign the forr for the award.	m below. Your decision has no impact on the decision-making process
· · · · · · · · · · · · · · · · · · ·	propertionity to publicly announce the award recipients and would like you be indicate consent. We will only disclose your information upon your and oval as indicated below.

Completed form should be submitted by March 13, 2024 to:

The Brunswick Sons & Daughters Scholarship Program
PO Box 648
Naperville, IL 60566
Fax: 630-428-2695

Email: info@brunswickscholarships.com