



Educational Impact Grant Consent Form

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Please initial the statements below:

___ I give permission to MCCU or the news media to use photographs, slides, illustrations, or interviews of me. Further, I authorize their use without inspecting or approving the finished product or its specific use.

___ I acknowledge that the funds received from MCCU must be implemented for the purpose stated on my application and within six months during which I applied for the grant.

___ I have received or reviewed a copy of the Official Grant Rules (available online at www.mccu.net/impact).

___ I am eligible for the Educational Impact Grant, per the Official Grant Rules.

Teacher's name: _____ Date: _____

Please Print

Signature of Teacher: _____

Name of School Principal: _____

Please Print

Signature of Principal: _____

Name of School: _____

Please email a copy of this signed form to eduimpact@mccu.net to complete your grant application.

www.mccu.net

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