

PARENT/GUARDIAN CONSENT FORM FOR THE LISA ANNE BOTNICK TEEN SCHOLARSHIP

I have reviewed my child's application for The Lisa Anne Botnick Teen Scholarship and hereby give my permission for my child to submit an application for the scholarship and to attend the Hazon Food Conference (December 29, 2013 – January 1, 2014) if selected to receive the scholarship.

Additionally, I acknowledge and agree that if my child is selected to receive the scholarship I will execute the parental release waiver required by Hazon.

Name of teen: _____

Name of parent/guardian: _____

Signature of parent/guardian: _____

Please email (foodconference@hazon.org) or fax (212-868-7933) this consent form on or before October 31, 2013.