



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 the application and to attend the Hazon Food Conference, December 29, 2015 – January 1, 2016, 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/guardian release waiver required by Hazon.

Name of teen: _____

Name of parent/guardian: _____

Signature of parent/guardian: _____

Date: _____

Please print and sign this consent form and then email a copy back to hody.nemes@hazon.org or mail to:

Hody Nemes
125 Maiden Lane, 8B
New York, NY 10038

The consent form should be received no later than November 15, 2015.