

Consent Form -- Fellowship and Scholarship Office

When you work with the Fellowship and Scholarship Office, you are

representing the Gonzaga Mellon University students, often serving the needs of students who will follow your lead in applying for prestigious fellowship

opportunities. In the spirit of sharing best practices and having learned with each

other, you agree to share your own and your students' application materials with the

office, should they be interested in your work. You agree to share your

information with the office, should they be interested in your work.

I agree to let the personnel of the Fellowship and Scholarship Office use the

students.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_