



MIS Cares Scholarship 2019 Scholarship Application



To be considered for the scholarship, applicants must meet all of the following criteria:

1. Graduating senior attending high school in Jackson, Lenawee, Hillsdale or Washtenaw County;
2. Going into a STEAM (Science, Technology, Engineering, Art or Mathematics) related field;
3. Attending a college, university or trade school in the State of Michigan;
4. Submit one letter of recommendation;
5. Submit a copy of your high school transcript;
6. Submit a fully executed Form of Authorization to use likeness, voice and/or written correspondence. (attached)

Applications must be completed in full and postmarked, hand delivered or emailed in PDF format (see bottom of page three for further direction) by 5 p.m. on February 22, 2019. Any application, postmarked, delivered or emailed after 5 p.m. on February 22, 2019 will be disqualified.

First Name: _____ Middle: _____ Last: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (_____) _____ - _____ Date of Birth: ____ / ____ / ____

Email: _____

High School: _____

What date do you plan on graduating high school: ____ / ____ / _____

Which college, university or trade school do you plan on attending? _____

Do you plan on attending college FULL or PART time

Are you going into a STEAM (Science, Technology, Engineering, Art or Mathematics) related field? Yes No

What is your field of study? _____

In addition to your completed Application, please answer the following questions:

1. Please list any organizations with which you have been or are involved in.
2. In 250 words or less please tell us how you plan to use your STEAM (Science, Technology, Engineering, Art or Mathematics) degree, and what led to your decision to pursue this field.
3. In 500 words or less please tell us how the mission statement of MIS Cares relates to you and your community involvement: *The mission of MIS Cares is to assist and inspire youth within our community.*

By submitting your completed application, you agree that you have carefully reviewed the listed eligibility criteria and you meet all of the conditions therein. You understand that applications that do not meet all requirements will be disqualified. All decisions made by the MIS Cares Scholarship Program are at their sole discretion and all decisions are final. In addition, you agree that the MIS Cares Scholarship Program has the right to use all information provided in this application for the limited purposes of processing your application and such uses strictly related to MIS Cares Scholarship Program. All essays submitted may be used by MIS Cares Scholarship Program for any purpose as needed.

Dated: _____

Applicant Signature

Dated: _____

Parent/Guardian Signature (if under the age of 18)

**RELEASE AND AUTHORIZATION TO RECORD
AND USE VOICE AND/OR LIKENESS**

This Release and Authorization ("Release") is entered into as of _____, 20____, by _____, ("Applicant") in favor of the MIS Cares Scholarship Program, a division of Michigan International Speedway ("MIS").

In consideration of the live services provided by MIS to the Applicant, the receipt and sufficiency of which is hereby acknowledged and without any further consideration due from MIS or any third party to the Applicant, the Applicant agrees to as follows:

1. PARTICIPATION.

The Applicant agrees to participate, from time to time, in certain photographs, video recordings, audio recordings, and/or other means of recording images and/or sound (the "Recordings") as arranged by MIS. The Applicant agrees that MIS (or its designee) has permission to record his/her voice, sounds, conversation, image, and likeness in the Recordings.

2. GRANTS.

The Applicant hereby grants to MIS, its affiliates, agents, successors, licensees, and assigns (collectively with MIS, "MIS Affiliates") a perpetual, worldwide, irrevocable, royalty-free, fully paid-up right and license to the unlimited use of his/her likeness and/or voice in the Recordings (alone or in connection with others and in and in connection with any media, now known or hereafter created) throughout the universe in and in connection with or relation to the development, marketing, advertisement, licensing, sale, distribution, and promotion of any events, products, merchandise, services, or brands of MIS Affiliates. MIS shall be the sole and exclusive owner of all the rights, results, and proceeds of the Recordings, in each case, of every kind or nature, whether now known or hereafter devised. The Applicant agrees that MIS Affiliates shall have the right to transform, edit, alter, distort, modify, add to, subtract from, enhance, broadcast, telecast, duplicate, distribute, or otherwise exhibit the Likeness worldwide in all forms of media and forms of exploitation, now known or hereafter created including, but not limited to, websites, film, television, radio, and print.

3. RELEASE.

The Applicant hereby releases MIS Affiliates from any and all claims and demands that the Applicant may have now or at any time arising from this Release or the use of the Likeness or Recordings, including but not limited to, claims for personal injury, invasion of privacy, defamation, libel, right of publicity, infliction of emotional distress, or additional payment.

4. NO OBLIGATION TO USE.

MIS shall have no obligation to use the Recordings or the Likeness.

5. APPLICANT'S REPRESENTATIONS AND WARRANTIES.

Applicant hereby represents and warrants that:

(a) He/she is, at the execution of this Release, at least eighteen (18) years old and not a minor, or is present with a parent or legal guardian;

(b) He/she has the full right and legal capacity to enter into this Release and to grant the rights granted or agreed to be granted hereunder;

(c) The identifying information of the Applicant set forth above is true and correct;

(d) He/she has entered into this Release freely, voluntarily, and without reliance on any promises, representations, or other statements not contained in this Release; and

(e) He/she has read and understands this Release.

6. COUNTERPARTS/ELECTRONIC SIGNATURES.

This Release may be executed in one or more counterparts, each of which shall be deemed an original but all of which shall constitute one and the same instrument. For purposes of this Release, use of a facsimile, e-mail, or other electronic medium shall have the same force and effect as an original signature.

IN WITNESS WHEREOF, the Applicant has executed this Release as of the date first above written.

Dated: _____

Applicant Signature

I am the legal guardian of the Applicant, and I hereby consent to his/her application for the MIS Cares Scholarship Program. I have read and explained the foregoing release agreement to my child, and I hereby agree to its terms on behalf of myself and the Applicant.

Dated: _____

Parent/Guardian Signature (if under the age of 18)

Please return completed forms to:

**MIS CARES
ATTN: SCHOLARSHIP COMMITTEE
12626 U.S. HIGHWAY 12
BROOKLYN, MI 49230**

OR

donations@mispedway.com

(In one PDF document with all required materials)