A Place for Mom’s 2019/2020 Senior Wisdom Scholarship

In applying for the A Place for Mom, Inc. (“APFM”) 2019/2020 Senior Wisdom Scholarship (“Scholarship Award”), I represent, understand and agree to comply with the following conditions:

1. I am a citizen or a Permanent Resident of the United States or Canada (excluding Quebec), and am 18 years or older.

2. If receiving the Scholarship Award, I will use any awarded funds toward my tuition or book costs for the field of study for which the Scholarship Award was approved.

3. I am not on academic disciplinary status.

4. I understand that my Scholarship Award application materials (“Application Materials”) consist of text, content, creatives, and other materials (“Content”).

5. I assign to APFM exclusively all rights in the Content, including all intellectual property and moral rights.

6. I represent and warrant that the Application Materials and Content do not contain or rely upon any trade secret or other nonpublic technical or business information of any kind of a third party.

7. I represent and warrant that the Application Materials and Content do not infringe on another party’s intellectual property rights.

8. I am not aware of any other agreements or commitments that would hinder performance of my obligations to APFM.

9. I agree to allow and hereby permit APFM to use my likeness, biographical, and academic information in APFM publications.

10. I understand that APFM may choose to not award or to withdraw the Scholarship Award for any reason.

11. I am not an employee of APFM or A Place for Mom Canada, Inc.; an immediate family (spouse, parent, child, sibling and their respective spouses, regardless of where they reside) of an employee of APFM or A Place for Mom Canada, Inc.; or living in the same household, whether or not related, of an employee of APFM or A Place for Mom Canada, Inc.

12. The terms and conditions of this Scholarship Award Agreement will be governed by the laws of the state of Washington.

________________________________________
Printed Name

________________________________________
Signature

________________________________________
Date