



— **BRIGHT FUTURES STUDENTS** —
Share Your Story

www.flalottery.com/partnersHome

partnerships@flalottery.com

**Are you a current or former Florida Bright Futures Scholarship recipient?
We'd love to hear your story of how the scholarship helped you succeed!**

Name: _____ Pronouns: _____

College/University: _____ Class of: _____

Major: _____ Degree Level: _____

Hometown: _____ Phone: _____

Email: _____ LinkedIn Profile: _____

Mailing Address: _____

Florida Bright Futures Scholarship Level Received: _____

Accomplishments in college and/or career: _____ Fun facts about you/hobbies you enjoy: _____

How did receiving a Bright Futures Scholarship make a difference to you, your family, and/or your chosen career path? Is there anything that sets you apart from other scholarship recipients or industry professionals?

Please send your completed form, a high-quality photo of yourself, and the signed release form (located on the next page) to mybrightfuturesstory@flalottery.com.



**STATE OF FLORIDA
DEPARTMENT OF THE LOTTERY**

I hereby authorize and give permission to the Florida Lottery (the "Lottery") to: (i) use any of my statements, provided for the "Share Your Story!" section (collectively the "Representations") (ii) take and/or create photographs, videotapes, voice recordings or other works fixed in any tangible medium of expression of my likeness (collectively the "Works"), and (iii) to use my name as given below, and (iv) for the Lottery, and other parties authorized by the Lottery, to use the Representaitons, the Works and my name, within the Lottery's sole discretion, in connection with the advertising, promotion and marketing of the Lottery, and for any other purposes pertaining to the Lottery, throughout the world. Such uses may be in any and all media including, but not limited to, television, radio, Internet, and print. The Representations and the Works are collectively refered to as the "Intellectual Property."

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I hereby represent and warrant that I am at least 18 years of age; that I am legally authorized to execute this Release and Authorization, and that I fully and completely understand it.

You further acknowledge that the information you provide may be subject to disclosure under Chapter 119, Florida Statutes and other applicable laws.

Signature: _____

Printed or typed Name: _____

Date: _____