

**IIDA GEORGIA STUDENT COMPETITION AND SCHOLARSHIP APPLICATION**

Award Category:	
Project Name:	
Date Completed:	
Student Name:	
IIDA Membership Number:	
Phone Number:	
Email Address:	
School Currently Enrolled in:	
Projected Graduation:	

Photographer Information (this is required if professional photography is featured in your presentation)

Photographer Name:	
Photographer Company:	
Credit Line:	

**PUBLICITY & PHOTOGRAPHY RELEASE**

By signing this form below, the Entrant confirms that permission has been obtained from the photographer. Further, the Entrant agrees that IIDA and IIDA Georgia Chapter may use the photographs submitted for this design competition for publicity and public relations purposes, as described, in association with the 2018 Best of the Best Design Awards and Competition as well as the Student Design Competition.

The Entrant assumes all responsibility for the accuracy and completeness of the information provided. IIDA Georgia Chapter assumes no responsibility for copyright or photographic fees.

**ENTRANT INFORMATION & SIGNATURE RELEASE**

I confirm that this entry meets eligibility requirements and that this project was completed not earlier than January 2016. I certify that permission has been obtained from the photographer(s) to submit the photographs and project in this competition. I have reviewed the information shown on the application forms to assure that it is true, accurate and complete for possible publication and for IIDA press releases. I verify that the individual listed under Student Name on the application is the primary contributor of this work.

**Application(s) should be formatted as pdf or jpg and sent via email to studentaffairs@iidageorgia.org. Student applications received after 5:00pm on January 31<sup>st</sup>, 2018 will not be accepted.**

**SIGNATURE:** \_\_\_\_\_

**NAME (PRINT):** \_\_\_\_\_ **DATE:** \_\_\_\_\_