



CAROLE P. BIZZACK  
MEMORIAL FOUNDATION

3321 Winchester Road • Lexington, KY 40509

**Agreement to provide testimony:**

***As a condition of the receipt of this scholarship I, the undersigned, hereby agree to provide, upon request, written testimony to the benefit of this scholarship as I have pursued a degree in the field of animal science or veterinary medicine. This testimony may be included in publicity that promotes the Carole P. Bizzack Memorial Scholarship Foundation and solicits contributions to this organization.***

Signature(s)

\_\_\_\_\_ Date \_\_\_\_\_  
(Student)

If student is under the age of 18, parent/guardian must sign

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)