



NON-DISCLOSURE/CONFLICT OF INTEREST STATEMENT
2018-2019 EOD Warrior Foundation Scholarship Committee

Conflict of Interest

You MUST answer NO to both of the below statements to be eligible.

1. Do you have a relative who has applied for a scholarship?
 No Yes If yes, in accordance with the established guidelines you may not serve as a scholarship committee member. Thank you for your time and interest in this year's awards process.
2. Are you Active Duty?
 No Yes If yes, in accordance with the established guidelines you may NOT serve as a scholarship committee member. Thank you for your time and interest in this year's awards process.

I, _____, the undersigned, hereby certify that the above statements are true and correct and that I understand and agree to be bound by the commitments contained herein.

I am volunteering as a member of the EOD Warrior Foundation Scholarship Committee for the 2017-2018 scholarship application.

Non-Disclosure

I am acting of my own accord and am not acting under duress. I am not currently employed by, nor am I receiving any compensation from, nor have I been the recipient of any present or future economic opportunity, employment, gift, loan, gratuity, special discount, trip, favor, or service in connection from an applicant or applicant's family in return for favorable consideration. I have no preconceived position on the relative merits or any of the applicants nor have I established a personal preference or position on the worth or standing of any applicant for an EOD Warrior Foundation Scholarship.

I agree not to disclose or otherwise divulge any information pertaining to the contents, status, or ranking of any applicant to anyone other than members of the Scholarship Committee or EOD Warrior Foundation Board of Directors, and that the members of the Scholarship Committee are to remain anonymous throughout the scholarship review and award process. I understand the terms "disclose or otherwise divulge" to include, but not be limited to, reproduction of any part or portion of any applicant's package or committee member's evaluation, or removal of same from designated areas without prior authorization from the Committee Chair or Board of Directors. I agree to perform any and all evaluations of said applicants in an unbiased manner, to the best of my ability, and with the best interest of the EOD Warrior Foundation paramount in all decisions.

Signature

Witness

Printed Name

Printed Name

Date

Date