

Complete this form ONLY if your student already has a CollegeChoice 529 Account

## HOBART INDIANA PROMISE

### Existing Account Form

**I HAVE A COLLEGECHOICE 529 ACCOUNT ALREADY FOR MY CHILD AND WOULD LIKE TO USE THE ACCOUNT TO JOIN THE HOBART INDIANA PROMISE PROGRAM AND BECOME ELIGIBLE FOR ANY INCENTIVES.**

#### ADULT (Account Owner)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### CHILD (Beneficiary)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

School Name: \_\_\_\_\_

County Where School is Located: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Please allow the account for the beneficiary listed above to be included in the Hobart Indiana Promise program and eligible for all incentives. I agree to the participation waiver below.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Participation Waiver:** My signature above indicates that I am the Account Owner and I give my child permission to participate in Hobart Indiana Promise, including the evaluation process. I give Ascensus College Savings permission to share data for my CollegeChoice 529 account with Hobart Indiana Promise. I understand that this process includes collection of demographic data, attendance, academic outcomes and youth development outcomes. I agree that CollegeChoice 529, School City of Hobart, and anyone they give permission to, has the right to use my child's participation data in any form or manner whatsoever and that I will have no objection to this now or in the future. I understand and agree that the data may be used as part of another work. No information about my child will be disclosed to anyone outside the research process. The research staff will maintain my child's confidentiality by not revealing his/her name through any material or data.

I also give my permission for the School City of Hobart to use any video film, footage, sound track recordings and photos taken of me and/or my child in connection with the Program in any way it chooses, including providing it to others. I understand that any video film, footage, sound track recordings and photos taken of me and/or my child in connection with the Program, shall be owned by the School City of Hobart, and they can use them without restriction worldwide. I or my child may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or services. I forever release and discharge Hobart Indiana Promise and anyone working with it from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my child. I give the above consents and permissions without any expectation of payment of any kind and agree I cannot change my mind or file any claim in the future.

ACCOUNT NUMBER: \_\_\_\_\_

**\*\*IMPORTANT - We cannot deposit the funds without your student's account number**