

USS HAMPTON (SSN 767) SCHOLARSHIP



2022 Dependent Child USS Hampton (SSN 767) Scholarship Acceptance

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

\_\_\_\_\_ I accept the *USS Hampton (SSN 767)* Scholarship for the academic year.

\_\_\_\_\_ Initial here I understand that this is a one-time award paid directly to the college, university, or trade school for \$1,500 split between two semesters awarded as \$750 on August 1 and \$750 on December 1. This is NOT a renewable award, however, the student may re-apply for the following year.

Confirm your intent to complete and submit all Acceptance Forms and Supporting Documents to Dolphin Scholarship Foundation by June 15, 2022, by checking the items below:

Acceptance Forms:

- \_\_\_\_\_ Scholarship Acceptance (pg. 1)
- \_\_\_\_\_ Scholar Information (pg. 2)
- \_\_\_\_\_ College/University Release (pg. 3)
- \_\_\_\_\_ Information Release (pg. 4)

Supporting Documents to be received by June 15, 2022

- \_\_\_\_\_ I have requested my official transcript, including grades for Spring 2022 to be sent to DSF.
- \_\_\_\_\_ I have sent my Financial Aid Award letter to DSF.
- \_\_\_\_\_ I do not have a Financial Aid Award letter from my college at this time, but will send once available.
- \_\_\_\_\_ I have **emailed** a recent individual photo to DSF (scholarship@dolphinscholarship.org).

Scholarship Policy and Guidelines Agreement:

The Scholarship Policy and Guidelines Agreement has been provided to you and is posted on the DSF Website. Please thoroughly review it and retain a copy for your reference. The sections on Change of Status, Contact Information and Honor Policy are of particular significance and should be read carefully. Your signature(s) below constitute(s) your agreement to be bound by the *USS Hampton Scholarship Policy*.

Scholar Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(For Scholars under 18 years)

**SEND ACCEPTANCE FORMS AND SUPPORTING DOCUMENTS FOR RECEIPT BY JUNE 15, 2022 TO:  
Dolphin Scholarship Foundation, 4966 Euclid Road, Suite 109, Virginia Beach, VA 23462**

OR

**Email to: scholarship@dolphinscholarship.org**

\_\_\_\_\_ I decline the *USS Hampton* Scholarship for the academic year.

Reason: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(For Applicant under 18 years)

# USS HAMPTON SCHOLARSHIP



## Scholar Information

**Name:** \_\_\_\_\_

**Contact Information:**

At Home

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

At College

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I plan to: \_\_\_\_\_ live on campus or \_\_\_\_\_ rent off campus or \_\_\_\_\_ live at home/with relative

**Social Media:**     Help us connect with you.

Facebook: \_\_\_\_\_

What is your preferred channel?

Twitter: \_\_\_\_\_

\_\_\_\_\_

Linkedin: \_\_\_\_\_

Instagram: \_\_\_\_\_

**Quote:** Please tell us what it means to you to be a USS Hampton Scholar (This will be listed on our website with your photo)

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**College/University Information:**

College/University attending for : \_\_\_\_\_

Mailing address for receipt of scholarship monies (Financial Aid/Scholarship Office):

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Anticipated date of graduation: \_\_\_\_\_ Intended major : \_\_\_\_\_

Please share your recent achievements and future academic plans (clubs, awards, honors, study abroad, co-op)

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# USS HAMPTON SCHOLARSHIP



## College/University Information Release

**Financial Aid Information:** List by name and amount all financial aid you will receive for, including loans, Post 9/11 GI Bill and ROTC. Also mail a copy of your Financial Aid Award letter if available.

Source	Amount	Scholarship/Grant/Loan

Dolphin Scholarship Foundation provides financial assistance for you to attend undergraduate and vocational education. Your permission is needed to request information from the Registrar and Financial Aid office of the college you attend. DSF uses these records to verify your grades, academic standing, transfer records or any other relevant information needed to award your scholarship. All information gathered by Dolphin Scholarship Foundation will be held in confidence and in compliance with the Privacy Act Statement at the bottom of this page.

_____ Name	_____ College/University
_____ Address	_____ Student ID / SSN (Last Four)
_____ City, State, Zip Code	_____ Birth Date
_____ Daytime Phone	_____ Email

I authorize the college/university named above to release to Dolphin Scholarship Foundation any and all information related to financial aid, grades, transfer records, or any other information necessary to evaluate Dolphin Scholarship program services.

_____ Scholar Signature	_____ Date
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If Scholar is under 18 years of age:

_____ Parent Signature	_____ Date
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### PRIVACY ACT STATEMENT

Authority to request this information is derived from 5 United States Code 301, Departmental Regulations. The purpose of the information is to apply for educational assistance through the Dolphin Scholarship Foundation. Information provided will be used to assess scholastic achievement and to evaluate the need for financial assistance.

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## Scholar Information Release

### PHOTO / VIDEO RELEASE

You have been requested to provide via email to Dolphin Scholarship Foundation with a recent photograph of yourself for your DSF file. Your permission is necessary for DSF to use this photo in Foundation publicity (such as our website, annual report, newsletter, etc.). Additionally, DSF may take photographs and/or video footage of *USS Hampton Scholars* at Foundation events or use quotes from your application essay or correspondence with DSF.

I authorize the public use of any pictures that may be submitted by me to DSF or taken during a DSF event. Furthermore, quotes from my essay, letters or emails may be used to promote *USS Hampton Scholarships*.

\_\_\_\_\_  
Scholar Signature

\_\_\_\_\_  
Date

If Scholar is under 18 years of age:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### FAMILY MEMBER CONTACT RELEASE

In the event a question arises regarding your scholarship and we cannot contact you, may Dolphin Scholarship Foundation discuss your scholarship with other family members: YES (  ) NO (  )

If YES, please indicate by name/relationship those members authorized to discuss your scholarship:

\_\_\_\_\_

\_\_\_\_\_  
Scholar Signature

\_\_\_\_\_  
Date

### PARENT CONTACT INFORMATION

Rate/Rank: \_\_\_\_\_ Military Status: (  ) Active Duty (  ) Retired (  ) Discharged

Sponsor Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt. Parent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_