

DOLPHIN SCHOLARSHIP FOUNDATION



2023 Scholarship Acceptance

Name: _____

_____ I accept the Dolphin Scholarship for the 2023-2024 academic year.

_____ **I understand that this is a renewable award, however I must complete renewal paperwork annually and continue to meet all eligibility criteria.**

Confirm your intent to complete and submit all Acceptance Forms and Supporting Documents to Dolphin Scholarship Foundation by June 15, 2023, by checking the items below:

Acceptance Forms:

- _____ 2023-2024 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, 2023

- _____ I have requested my official transcript, including grades for Spring 2023 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 2023-2024 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. This scholarship maximum award amount for students is \$14,000 or eight (8) disbursement checks, whichever comes first. 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 DSF Scholarship Policy.

Scholar Signature _____ Date _____

Parent Signature _____ Date _____

(For Scholars under 18 years)

SEND ACCEPTANCE FORMS AND SUPPORTING DOCUMENTS FOR RECEIPT BY JUNE 15, 2023 TO:

Dolphin Scholarship Foundation, 4966 Euclid Road, Suite 109, Virginia Beach, VA 23462

OR

Please email to scholarship@dolphinscholarship.org

_____ **I decline the Dolphin Scholarship for the 2023-2024 academic year.**

Reason: _____

Applicant Signature _____ Date _____

Parent Signature _____ Date _____
(For Applicant under 18 years)

DOLPHIN SCHOLARSHIP FOUNDATION



Scholar Information

First, Middle & Last Name: _____

Preferred Pronouns (Circle one):
HE/HIM SHE/HER THEY/THEM

Ethnicity _____

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 Dolphin Scholar (This will be listed on our website with your photo)

College/University Information:

College/University attending for 2023-2024: _____

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

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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College/University Information Release

Financial Aid Information: List by name and amount all financial aid you will receive for 2023-2024, 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Dolphin Scholarship Foundation provides financial assistance for 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 and/or renew 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. You will be required to update this authorization each year and it shall be valid for a period of six years from the date of selection for the Dolphin Scholarship.

Name

College/University

Address

Student ID / SSN (Last Four)

City, State, Zip Code

Birth Date

Daytime Phone

Email

College Grade Level: (Freshman, Sophomore, Junior)

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

If Scholar is under 18 years of age:

Parent Signature

Date

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.

DOLPHIN SCHOLARSHIP FOUNDATION



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 Dolphin 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 Dolphin 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: _____