

# Laura W. Bush Scholarship



## 2019 Scholarship Renewal

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

\_\_\_\_\_ I am renewing the *Laura W. Bush Scholarship* for the 2019-2020 academic year.

**Confirm your intent to complete and submit all Renewal Forms and Supporting Documents to Dolphin Scholarship Foundation by June 1, 2019, by checking the items below:**

### Acceptance Forms:

- \_\_\_\_\_ 2019-2020 Scholarship Acceptance (pg. 1)
- \_\_\_\_\_ Scholar Information (pg. 2)
- \_\_\_\_\_ College/University Release (pg. 3)
- \_\_\_\_\_ Information Release (pg. 4)

### Supporting Documents to be received by June 1, 2019

- \_\_\_\_\_ I have requested my official transcript, including grades for Spring 2019, 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 (scholars@dolphinscholarship.org).

### **Scholarship Policy and Guidelines Agreement:**

The 2019-2020 Scholarship Policy and Guidelines Agreement has been provided to you. 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 *Laura W. Bush Scholarship* Policy.

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

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

**SEND RENEWAL FORMS AND SUPPORTING DOCUMENTS FOR RECEIPT BY JUNE 1, 2019 TO:  
Dolphin Scholarship Foundation, 4966 Euclid Road, Suite 109, Virginia Beach, VA 23462**

OR

**\*Please note that these forms are fillable and can be emailed to  
scholars@dolphinscholarship.org**

\_\_\_\_\_ I decline the *Laura W. Bush Scholarship* for the 2019-2020 academic year.

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

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

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

**RETURN THIS PAGE IMMEDIATELY TO:  
Dolphin Scholarship Foundation, 4966 Euclid Road, Suite 109, Virginia Beach, VA 23462**

# Laura W. Bush 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 Laura W. Bush Scholar (This will be listed on our website with your photo)

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**College/University Information:**

College/University attending for 2019-2020: \_\_\_\_\_

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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# Laura W. Bush Scholarship



## College/University Information Release

**Financial Aid Information:** List by name and amount all financial aid you will receive for 2019-2020, including loans, 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 college. 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 Laura W. Bush Scholarship.

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 Laura W. Bush 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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# Laura W. Bush Scholarship



## Scholar Information Release

### PHOTO / VIDEO RELEASE

You have been requested to provide Dolphin Scholarship Foundation with a recent photograph of yourself for your 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 *Laura W. Bush 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 *Laura W. Bush 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: \_\_\_\_\_

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