



**USS Colorado, USS Delaware, USS Hampton, USS Indiana
USS Nautilus, USS Oregon, or USS Washington**

2024-2025 Scholarship Acceptance

Name: _____

_____ **I accept the** _____ **Scholarship for the 2024-2025 academic year.**

Please ensure that you have provided the required Scholarship Acceptance Forms and Supporting Documents to Dolphin Scholarship Foundation by June 15, 2024, by checking the items below:

Acceptance Forms:

- _____ 2024-2025 Scholarship Acceptance (pg. 1)
- _____ Scholar Information (pg. 2)
- _____ College/University Release (pg. 3)
- _____ Information Release (pg. 4)

**ALL EMAILED DOCUMENTS MUST
BE IN PDF FORMAT.**

Supporting Documents to be received by June 15, 2024:

- _____ I have requested my official transcript, including grades for Spring 2024, 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.
- _____ I have included my college/university billing statement for the upcoming term.
- _____ I have **emailed** a recent individual photo to DSF (scholarship@dolphinscholarship.org).

Scholarship Policy and Guidelines Agreement:

The 2024-2025 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 SubForce Scholarship Policy.

Scholar Signature _____ Date _____

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

**SEND ACCEPTANCE FORMS AND SUPPORTING DOCUMENTS FOR RECEIPT BY JUNE 15, 2024 TO:
Dolphin Scholarship Foundation, 4966 Euclid Road, Suite 109, Virginia Beach, VA 23462**

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

_____ **I decline the** _____ **Scholarship for the 2024-2025 academic year.**

Reason: _____

Applicant Signature _____ Date _____

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

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2024-2025 Scholarship Acceptance

Legal Name: First, Middle Initial, Last, Suffix _____
(Required for your school to correctly apply your scholarship.)

Race/Ethnicity: _____ **Preferred Pronouns:** _____

Contact Information:

At Home

Address: _____

Phone: _____ Email: _____

At College

Address: _____

Phone: _____ Email: _____

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

Social Media:     Help us connect with you.

Facebook: _____ X: _____

LinkedIn: _____ Instagram: _____

Quote: Please tell us what it means to you to be a SubForce Scholar

College/University Information:

College/University attending for 2024-2025: _____

Mailing address for receipt of scholarship payment (Bursar/Cashier's Office/Etc.):

Anticipated date of graduation: _____ Intended major : _____

I understand that this scholarship award is to be used for undergraduate or vocational education only.

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

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2024-2025 Scholarship Acceptance

College/University Information Release

Financial Aid Information: List by name and amount all financial aid you will receive for 2024-2025, including loans, GI Bill and ROTC. Also send a copy of your Financial Aid Award letter when 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 SubForce Scholarship.

Name

College/University

Address

SSN (Last Four)/Student ID

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 the Sub Force 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.

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2024-2025 Scholarship Acceptance

Scholar Information Release

PHOTO / VIDEO RELEASE

Please provide a recent photograph of yourself via email to Dolphin Scholarship Foundation for your DSF file. Your permission is necessary for DSF and/or the Nautilus Alumni Association, Inc. to use this photo in publicity (such as website, annual report, newsletter, etc.). Additionally, DSF/NAAI may take photographs and/or video footage of Scholars at Foundation/Association events or use quotes from your application essay or correspondence with DSF/NAAI.

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

SPONSOR/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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