

DOLPHIN SCHOLARSHIP FOUNDATION



2026-2027 Scholarship Acceptance

Name: _____

___ I accept the Dolphin/Laura W. Bush Scholarship for the 2026-2027 academic year.

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

___ I decline the Dolphin/Laura W. Bush Scholarship for the 2026-2027 academic year.

Reason: _____

Scholarship Policy and Guidelines Agreement:

The 2026-2027 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 is \$18,000 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 SubForce Scholarship Policy.

Scholar Signature _____ Date _____

Parent Signature _____ Date _____

Email completed forms in PDF format to scholarshipadmin@dolphinscholarship.org

Acceptance Forms **Due May 31, 2026:**

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___ Photo – see guidelines below

Supporting Documents **Due June 30, 2026:**

___ Official transcript, including grades for Spring 2026, has been requested.

___ Financial Aid Award letter.

___ College/university billing statement for the upcoming term.

Photo Guidelines:

- No selfies, sunglasses, hats or shaded faces.
- No cropped photos, or photos with other people in them.
- Neutral background.
- Minimum 1200 px photo resolution.
- Photo must be suitable for publication and present you in a positive manner.

Ex:



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Legal First, Middle Initial, Last Name, and Suffix: _____

(Required for your school to correctly apply your scholarship.)

Ethnicity _____

Preferred Pronouns: _____

High School High school seniors only): _____

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 Dolphin Scholar (*Required. Three sentence minimum. Will be featured on our website with your photo.)

College/University Information:

College/University attending for 2026-2027: _____

Mailing address for receipt of scholarship payments (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.

Recent accomplishments, awards, and future plans:

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College/University Information Release

Financial Aid Information: List by name and amount all financial aid you will receive for 2026-2027, including loans, Post 9/11 GI Bill, and ROTC. Also send a copy of your Financial Aid Award letter when available.

Table with 3 columns: Source, Amount, Scholarship/Grant/Loan. Includes multiple blank rows for data entry.

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 or Laura W. Bush Scholarship.

Form fields for Name, Address, City, State, Zip Code, Daytime Phone, College/University, Student ID / SSN (Last Four), Birth Date, and 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 SubForce Scholarship program services.

Scholar Signature and Date fields.

If Scholar is under 18 years of age:

Parent Signature and Date fields.

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

Please provide a recent photograph of yourself via email to Dolphin Scholarship Foundation 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 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: _____