



\$1,000 SCHOLARSHIP AWARD APPLICATION & RELEASE FORM

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APPLICATION DUE DATE: September 1, 2017. Please print clearly and submit completed application with signature. If this form is incomplete, inaccurate, or not signed, it will not be considered. An essay is required with this application. Please submit a 1000 word typed essay response to the following: **"What Makes You Beautiful - What Type of Legacy Do You Aspire to Lead?"**

SCHOLARSHIP GUIDELINES

1. Applicants must reside in the United States. All awards are paid directly to the student or individual. The maximum award per student/ individual per calendar year is \$1,000.
2. Applicants must write a thank you letter to the sponsor awarding the scholarship.
3. The complete application AND release form must be sent via e-mail to icare@dsvgroupelevates.org no later than September 1, 2017.
4. Winners will be notified by October 7, 2017 and must be present at the 2017 Legacy Event as our distinguished guest.
5. Immediate family members of the DSV Group Elevates Corp., Board of directors, and scholarship committee members are not eligible to participate.

STUDENT/APPLICANT INFORMATION

Student Name:			
Mailing Address:			
Telephone		Email (if over 18):	
High School/College:		Cumulative GPA:	
Focus Area/Major:			
Prospective/Current College:			
How will this scholarship benefit your educational goals?			

PARENT/LEGAL GUARDIAN CONTACT INFORMATION

Name:			
Address:			
Telephone:		Email:	

RELEASE ACKNOWLEDGEMENT

I understand my academic information supporting this application may be requested by the scholarship selection committee and/or the scholarship donor(s). If awarded a grant, I release to DSV Group Elevates Corp., the right to use my name, story, and picture for printed and video materials, reports, and press releases, without compensation. I will attend future award ceremonies and fundraising events if requested by the DSV Group Elevates Corp. I certify that the statements above are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee and scholarship donor(s). ***If student is under 18, a parent or legal guardian must also sign this acknowledgement form.**

Applicant's Signature:

Guardian's Signature:

CONTACT US:

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Bowie, MD 20716
Tel: 240.691.8027
Fax: 301.262.5877

icare@dsvgroupelevates.org

www.dsvgroupelevates.org