



DSV GROUP

ELEVATES CORP

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\$1,000 SCHOLARSHIP AWARD APPLICATION & RELEASE FORM

APPLICATION DUE DATE: Sunday September 25, 2022. 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: **"Elaborate on the importance of financial literacy to today's millennials in this current economic climate. What are some of your own personal financial management goals?"**

SCHOLARSHIP GUIDELINES

1. All awards are paid directly to the student or individual. The maximum award per student/ individual per calendar year is \$2,500.
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 25, 2022.
4. Winners will be notified before October 1, 2022, and may be present at the 2022 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	
High School/College:		Cumulative GPA:	
Focus Area/Major:			
Prospective/Current College:			
How will this scholarship benefit your educational or entrepreneurial goals?			

PARENT/LEGAL GUARDIAN CONTACT INFORMATION (If under 18)

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 do my best to 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:

Tel: 240.691.8027

icare@dsvgroupelevates.org
www.dsvgroupelevates.org