



DSV GROUP

ELEVATES CORP

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\$1,000 SCHOLARSHIP AWARD APPLICATION & RELEASE FORM

APPLICATION DUE DATE: Saturday October 3, 2026 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: **While "Waiting to succeed" what are some of the highs and lows of your life's journey that you experience on a daily basis helping mold your future achievements? What's your source of motivation to continue striving towards your 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 and send a video response to the sponsor awarding the scholarship.
3. The completed application AND release form must be sent via e-mail to icare@dsvgroupelevates.org no later than 10pm October 3, 2026.
4. Winners will be notified during the 2026 Legacy Event and may attend future events as our distinguished guest.
5. Board of directors and scholarship committee members of the DSV Group Elevates Corp., 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