



## *DYMOND SHANTYL DANTZLER LEGACY FOUNDATION SCHOLARSHIP APPLICATION*

Thank you for applying for the Annual D`ymond Shant`yl Dantzler Legacy Scholarship! To ensure we have the information needed for evaluation, please complete this application in full by following the instructions provided along the way.

Once your application is completed, please submit all your information to the Dymond Shantyl Dantzler Legacy Foundation **no later than 11:59 p.m. on Sunday, April 28, 2024**, by one of the methods indicated below. The recipient will be notified via telephone and email on **Sunday, May 12, 2024**.

**By Mail:** Dymond Shantyl Dantzler Legacy Foundation Inc.  
ATTN: Scholarship Committee  
9913 Cervine Lane Apt 1  
Randallstown, Maryland 21133

**By Email:** [dsdlegacyfoundation@gmail.com](mailto:dsdlegacyfoundation@gmail.com) (Preferred method)

**By Fax:** Dymond Shantyl Dantzler Legacy Foundation, Inc.  
ATTN: Scholarship Committee  
Fax Number: (443) 264-0587

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1. Full Name: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

2. Complete Address:

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE/PROVINCE POSTAL CODE/ZIP CODE

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
PHONE E-MAIL ADDRESS



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3. Projected Graduation Date from high school: \_\_\_\_\_

4. Date to enter (or entered) college: \_\_\_\_\_

5. Name of college(s) (currently attending or applying to) and “proof” of or means to verify the accreditation of the college:

\_\_\_\_\_

6. Number of years of college completed (if any): \_\_\_\_\_

7. Provide any test scores, such as your official SAT, ACT, or other academic measures.  
(Please forward a copy of your official scores, if completed.)

**Test and Score**

**Date**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. List your extracurricular activities (include any descriptions or details as attachments):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List the names of your two required references. (Include actual reference letters as attachments.) *Remember, relatives or family member references are not acceptable.*

\_\_\_\_\_  
\_\_\_\_\_

10. Please include any general comments you wish to include. (You may also include them as an attachment if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. I have submitted a photograph to be used if I am selected as a scholarship winner:

Yes / No

**[Please note: We welcome digital photos.]**



## DYMOND SHANTYL DANTZLER LEGACY FOUNDATION SCHOLARSHIP APPLICATION

### ASSIGNMENT OF RIGHTS & CONSENT TO PUBLISH SCHOLARSHIP INFORMATION

#### KNOW ALL PERSONS BY THESE PRESENTS:

I, \_\_\_\_\_, do hereby give the Dymond Shantyl Dantzler (DSD) Legacy Foundation, Inc. full rights to publish my name, where I live (city, state, and country only (no actual street addresses and/or telephone numbers will be disclosed), my pertinent family information, college or university I am attending, photographs that I have provided and college update information.

I understand that by execution of this agreement, I am relinquishing my rights to any future compensation for reproduction, publication, or use of the above information by the Dymond Shantyl Dantzler (DSD) Legacy Foundation, Inc. in its print or electronic correspondence, catalog, or on its website.

I hereby specifically waive my right to review or approve the modification of the above Information (modifications may be needed to accommodate size or content restrictions). Modifications **will not** be made to “distort” or “falsify” any information provided.

I understand that this agreement in no way obliges the Dymond Shantyl Dantzler (DSD) Legacy Foundation, Inc. to publish or use the above-described information.

**EXECUTED this \_\_\_\_ day of \_\_\_\_\_, 2024 the time of submission, applicant is a minor, parent and guardian must also execute this document.**

By: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Parent/Guardian)

**WITNESS:**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)