Dear Scholarship Applicant:

Thank you for applying for the 2024 Sammy L. Byrd Life Enrichment Scholarship. Sammy Byrd was a loving husband, father, grandfather, and friend who unselfishly spent his life making sure that the women who surrounded him were able to pursue their academic desires. In May of 2017, he transitioned to his Heavenly home. For over thirty years, Sammy Byrd devoted his life to caring for individuals with disabilities. A Vietnam-era veteran of the United States Army, he was full of love, life, and enrichment. He was also the maternal grandfather of the late, D`ymond Shant`yl Dantzler.

The ***Dymond Shantyl Dantzler (DSD) Legacy Foundation, Inc***. will provide tuition assistance to a prospective college student to assist in the continuation of their education at an accredited college or university. The 2024 recipient of the Sammy L. Byrd Life Enrichment Scholarship will be chosen based on their personal statement, community service involvement, resume, and letters of reference. Only one scholarship award will be bestowed by the Scholarship Committee in the form of $750. We hope that this scholarship will lessen the financial burden on the student.

**General Information and Eligibility Requirements.**

1. The recipient may be male or female, over the age of 25, pursuing an undergraduate or graduate degree at an accredited college or university with at least a part-time enrollment of a minimum of six (6) college credits.
2. The application must be completed and received by email at: dsdlegacyfoundation@gmail.com **NO LATER THAN** 11:59 p.m. on Sunday, July 07, 2024**. E*mail is the method preferred to receive applications.***
3. The winner of the Sammy L. Byrd Life Enrichment Scholarship will be announced on Sunday, July 21, 2024, by telephone call to the recipient, which will then be followed by an email. The winner’s name will also be announced on the ***DSD Legacy Foundation*** website and other social media platforms.
4. The Sammy L. Byrd Life Enrichment Scholarship must be used toward tuition, college fees, and/or books only. The $750 scholarship award will be paid directly to the college and/or university only after validation is received of full-time or part-time admission for the Fall semester.

**A complete application includes**:

1. A 1-2-page personal statement to include a photograph of yourself.
2. Two letters of recommendation (**No letters from family members will be accepted**).
3. Resume and/or previous college transcript.
4. Minimum 200 hours of Community Service hours or Outreach affiliations.

If you have any questions or need additional information, please do not hesitate to contact Simone Byrd, CEO at (410) 905-5427.

**Sammy L. Byrd Life Enrichment Scholarship Application**

**Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Community Service or Outreach Affiliations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of College/University Currently Attending or Will Attend**

**Enrollment: Full-time\_\_\_ Part-Time\_\_\_\_**

**I have reviewed this application and verify that the submitted information is complete and accurate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of Student Date**

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

KNOW ALL PERSONS BY THESE PRESENTS:

THAT I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby give ***Dymond Shantyl Dantzler Legacy Foundation, Inc*.** full rights to publish my name, where I live (city, state, and country only; no actual street addresses and phone numbers **will not** be disclosed), my pertinent family information, college I am attending, photographs/videos that have been taken or ones I have provided, to be uploaded and updated on all websites and social media platforms.

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 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 made 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* ***Dymond Shantyl Dantzler Legacy Foundation, Inc***. to publish or use the above-described information.

**EXECUTED this date of:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

 (Signature)