

# CHILDREN OF FALLEN SOLDIERS RELIEF FUND

The Children of Fallen Soldiers Relief Fund Was Founded To Honor Our Service Men and Women Who Have Lost Their Lives For Our Continued Freedom by Providing Surviving or Severely Injured Veteran's with dependent children financial assistance during their time of hardship.

Please include a copy of your most recent tax filing even if you have not filed for several years, all military dependent ID cards and/or copies of DD 1172 enrollment form, DD 93, DD 214, DD 1300. A one-page statement concerning your reason for requesting funds, the amount requested, the specific purpose to which the funds will be applied, a breakdown of monthly income and expenses, two recent months of bank statements and current bills that are in arrears. Incomplete applications will not be considered. It is the applicants responsibility to complete all required documentation in order to be considered for assistance. Note: additional documents may be requested in order to complete the application process.

## SURVIVORS APPLICATION FOR FINANCIAL ASSISTANCE

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVE PHONE: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ EMAIL: \_\_\_\_\_

APPLICANT'S HIGHEST LEVEL OF EDUCATION: \_\_\_\_\_

NAME OF DECEASED SPOUSE/PARENT : \_\_\_\_\_

MILITARY BRANCH: \_\_\_\_\_ DATE OF LOSS: \_\_\_\_\_

RANK: \_\_\_\_\_ CASUALTY OFFICER'S NAME: \_\_\_\_\_

CASUALTY OFFICER'S PHONE NO. \_\_\_\_\_

EMPLOYERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUPERVISORS NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_

OTHER CHILDREN WHO QUALIFY AS A DEPENDENT OF THE ABOVE DECEASED WHO ARE CURRENTLY UNDER YOUR LEGAL CUSTODY:

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PLEASE PROVIDE CONTACT INFORMATION FOR OTHER FAMILY MEMBERS OF DECEASED:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TOTAL MONTHLY INCOME: \_\_\_\_\_ TOTAL MONTHLY EXPENSES: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

Please remember to attach a copy of your most recent tax return with this application. Grant recipients will be selected in accordance with criteria established by Children of Fallen Soldiers Relief Fund and are based on need and the amount of proceeds available for disbursement at the time of application. Proceeds will be disbursed only upon clarification of information received. Grant recipients hereby authorize CFSRF, its Directors, Board Members, trustees, employees, agents, licensees, successors and assigns to take pictures and interview family members and grantees for the sole purpose of furthering the charitable purpose of CFSRF. Visit our website at: [www.childrenoffallensoldiersrelieffund.org](http://www.childrenoffallensoldiersrelieffund.org)  
Mail, fax or email the completed form and all attachments to:

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