

CHILDREN OF FALLEN SOLDIERS RELIEF FUND, INC.

The Children of Fallen Soldiers Relief Fund Was Founded To Honor Our Service Men and Women Who Have Lost Their Lives or Suffered a Severe Injury For Our Continued Freedom by Providing Children and Spouses Affected by OIF or OEF with College Scholarships and/or Financial Grants.

Please include a one page statement listing all college scholarships/financial awards you have received, total monthly income & expenses. A copy of your military ID card, DD 214, recent official transcripts and include a recommendation letter from advisor, two separate references (one from Professor), copies of VA approved disability documents and a copy of your most recent tax filings even if you have not filed for several years. Student must be attending or have applied to a College or University and must have a minimum GPA of 2.75 or higher. If you are attending High School, please include letters of acceptance. Incomplete applications (including required attachments) will not be considered. Note additional documents may be requested in order to complete the application process.

DISABLED COLLEGE GRANT APPLICATION

APPLICANT'S NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DAY PHONE: _____ EVE PHONE: _____
SSN: _____ DOB: _____ EMAIL: _____
APPLICANT'S HIGHEST LEVEL OF EDUCATION: _____
NAME OF PERMANENTLY DISABLED SPOUSE/PARENT : _____
MILITARY BRANCH: _____ DATE OF INJURY: _____
RANK: _____ VA DISABILITY % RATING: _____ DATE OF RATING _____
PHYSICIANS NAME/PHONE NO. _____
EMPLOYERS NAME: _____
ADDRESS: _____
SUPERVISOR'S NAME: _____ PHONE: _____ HRS WK: _____
COLLEGE NAME: _____ CITY/STATE: _____
CURRENT GPA: _____ CURRENT SEMESTER: _____ YRS REMAIN _____
MAJOR: _____ MINOR: _____ OTHER: _____
TUITION AMOUNT: _____ SEMESTER: _____ TOTAL OF OTHER AWARDS: _____
OTHER CHILDREN WHO QUALIFY AS A DEPENDENT OF THE ABOVE DISABLED VETERAN:
NAME: _____ DOB: _____
NAME: _____ DOB: _____
NAME: _____ DOB: _____

TOTAL MONTHLY INCOME: _____ TOTAL MONTHLY EXPENSES: _____

NOTES: _____

DATE OF APPLICATION: _____ SIGNATURE: _____

HOW DID YOU HEAR ABOUT US? _____

Grant recipients will be selected in accordance with criteria established by Children of Fallen Soldiers Relief Fund, Inc. 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. Scholarship 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. All applicants upon signing this application consent to the use of this information in Press Releases, website publications and other media in an effort to further our mission. Our support is available from funds received from the public and there may be times when you will be asked to consider receiving the award personally from a donor in your area, please initial here after reviewing the above. _____

Mail the completed form and all attachments to: CFSRF, P.O. Box 3968 , Gaithersburg, MD 20885-3968
(301) 685-3421 or (866) 96-CFSRF (301) 630-0592 Fax
Website: www.cfsrf.org Email: grants@cfsrf.org