

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 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, and a breakdown of monthly income and expenses. Incomplete applications will not be considered. 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

Mail, fax or email 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 Email: grants@cfsrf.org