

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, DD1300. A typed/written description explaining your present situation and reason for requesting funds, the amount requested, the specific purpose to which the funds will be applied, a **breakdown** of monthly income and expenses, three months of your most recent bank statements (all accounts) and current bills that are in arrears. **Incomplete applications will not be considered.** It is the applicant's 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. Please allow us 7 to 10 days for processing.

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: _____ PHONE NO. _____
EMPLOYERS NAME or LAST DATE OF EMPLOYMENT: _____
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: _____ 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:
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Email: yellowribbon7@msn.com