

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 For Our Continued Freedom by Providing Children and Spouses Affected by OIF or OEF with College Grants

Please include a one page statement listing **ALL COLLEGE FINANCIAL AWARDS** you have received and/or applied for. A copy of your military ID card, copy of deceased parent's DD1300, DD214, **recent official transcripts** and include a recommendation letter from advisor, two separate reference letters (one from Professor), and a copy of your most recent tax filings even if you have not filed for several years (parents and students if applicable), a **current photo** and a breakdown of ALL monthly income and expenses. 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.

SURVIVING 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 DECEASED SPOUSE/PARENT: _____

MILITARY BRANCH: _____ DATE OF LOSS: _____ PLACE OF DEATH _____

RANK: _____ CASUALTY OFFICER'S NAME: _____

CASUALTY OFFICER'S PHONE NO. _____

EMPLOYERS NAME: _____

ADDRESS: _____

SUPERVISOR'S NAME: _____ PHONE: _____ HRS WK: _____

COLLEGE NAME: _____ CITY/STATE: _____

CURRENT GPA: _____ CURRENT SEMESTER: _____ YRS REMAIN: _____

MAJOR: _____ MINOR: _____ OTHER: _____

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

NAME: _____ DOB: _____

NAME: _____ DOB: _____

TOTAL MONTHLY INCOME: _____ TOTAL MONTHLY EXPENSES: _____

OTHER SCHOLARSHIPS, GRANTS, LOANS (INCLUDE AMOUNTS & NOTE WHETHER YOU ARE REQUIRED TO PAY THEM BACK OR NOT: _____

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 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. 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.

Mail, fax or email the completed form and all attachments to:

CFSRF, P.O. Box 22056 SARASOTA, FL 34276

TELEPHONE (301) 685-3421 or (888) 805-7383 FAX: (301) 685-3271 OR (301) 630-0592 EMAIL:

yellowribbon7@msn.com Website: www.cfsrf.org