

# 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: \_\_\_\_\_ OTHER SCHOLARSHIPS/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 1099, TEMPLE HILLS, MD 20757  
(301) 685-3421 or (866) 96-CFSRF (301) 630-0592 Fax or (301) 685-3271 Fax  
Website: [www.cfsrf.org](http://www.cfsrf.org) Email: [yellowribbon7@msn.com](mailto:yellowribbon7@msn.com)