## 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 one-page statement concerning your reason for requesting funds, the amount requested, the specific purpose to which the funds will be applied, a breakdown of monthly income and expenses, two recent months of bank statements 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.

## SURVIVORS APPLICATION FOR FINANCIAL ASSISTANCE

APPLICANT NAME:		
ADDRESS:	EVE PHONE:	
CITY:		STATE: ZIP:
DAY PHONE:	EVE PHONE:	
SSN:DOE	3:EMAIL:	
APPLICANT'S HIGHEST LE	VEL OF EDUCATION:	<del></del>
NAME OF DECEASED SPC	OUSE/PARENT :	
MILITARY BRANCH:	DATE OF LOSS:	
RANK:CASUALT	Y OFFICER'S NAME:	
CASUALTY OFFICER'S PH	ONE NO	
EMPLOYERS NAME:		
ADDRESS:		
_		
SUPERVISORS NAME :	PHONE:_	
	UALIFY AS A DEPENDENT OF THE	ABOVE DECEASED WHO ARE
CURRENTLY UNDER YOU		
	DOB:	
NAME:	DOB:	
NAME:	DOB: DOB:	
NAME:	DOR:	
	CT INFORMATION FOR OTHER FAM	
NAME:		PHUNE:
ADDRESS	DEL ATIONOUID:	
EIVIAIL.	RELATIONSHIP	DHONE:
ADDRESS:	RELATIONSHIP: NAME:_	FHONE
FMAII ·	RELATIONSHIP:	
TOTAL MONTHLY INCOME	COME:TOTAL MONTHLY EXPENSES:	
DATE OF	TOTAL WORTHET LA	LINOLO.
	SIGNATURE:	
HOW DID YOU HEAR ABO		
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 1099, Temple Hills, MD 20757 Telephone (301) 685-3421 or (866) 96-CFSRF Fax (301) 685-3271 or (301) 630-0592 Email: yellowribbon7@msn.com