



To apply for funding from The Folded Flag Foundation, please complete the application below, and submit to us, along with the required documented listed on Page 5 and the completed Publicity Consent Form on Page 6, **by fax at 904-337-7022 or by email at FoldedFlag@FoldedFlagFoundation.org**.

* Required information

APPLICANT INFORMATION

Full Name*: _____

Relationship of Applicant to Fallen: (please circle one)*: Son | Daughter | Stepson | Stepdaughter | Spouse | Other: _____

Applicant Date of Birth (MM/DD/YYYY)*: _____

If Applicant is a minor:

Parent or Guardian Name*: _____

Marital Status (please select one): Married | Single | Divorced | Widowed

Home Address*: _____

City*: _____ **State***: _____ **Zip***: _____

Contact Phone*: _____ **Email***: _____

Preferred contact method (please select one): Phone | Email | Mail

How did you hear about us (please select one)?

Friend or Family Member

Web/Social Media

Event: _____

Department of Veterans Affairs

Survivor Outreach Services

Another Organization: _____

Other: _____

FALLEN FAMILY MEMBER INFORMATION

Full Name*: _____

Date of Death (MM/DD/YYYY) *: _____

Place of Death: _____

Cause of Death: _____

Rank: _____ **Branch of Service***: _____



* Required information

SCHOOL INFORMATION

Current Education Level (please select one)*: K – 8 | High School | College/Trade School | Graduate School

Year in School/Grade Level: _____

Anticipated Graduation Date (MM/DD/YYYY): _____

School Name*: _____

School Address*: _____

City*: _____ **State*:** _____ **Zip*:** _____

School Financial Aid Contact:

Name*: _____

Title: _____

Phone*: _____

Email: _____

For Technical/Trade School Students:

Length of program for which you are applying: _____ months | years

Type of Training/Degree/Certificate sought*: _____

Current GPA*: _____

For Undergraduate/Graduate Students:

Campus Wide ID Number (CWID) or Student ID Number*: _____

Degree Sought (Bachelor of Science, Bachelor of Arts, etc.)*: _____

Major or Concentration: _____

Current GPA*: _____



* Required information

FINANCIAL INFORMATION

Projected annual costs:

(documentation must be provided to support the below projections)

Tuition & Fees:	\$ _____	Include fees such as parking, lab, resource, and application fees.
Books & Supplies:	\$ _____	college/graduate school only
Room & Board:	\$ _____	On campus (K-12 or high school boarding school, college); off-campus (college/graduate school only)
Transportation:	\$ _____	Include any transportation costs related to traveling to/from school.
Computer:	\$ _____	limit one per scholar
Other:	\$ _____	Please Explain: _____ _____ _____
TOTAL*:	\$ _____	

Expected annual funding:

(Federal and State Grants, School Grants, Private Grants & Scholarships, VA Funding)

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	TOTAL*: \$ _____

Amount you are requesting from The Folded Flag Foundation:

Tuition & Fees:	\$ _____	(to be paid directly to the school)
Living & Other Expenses:	\$ _____	(to be paid directly to the recipient or, for minors, the recipient's parent/guardian)
Total Requested*:	\$ _____	



* Required information

READ, SIGN AND DATE

Certification: All of the information provided by me on this form is true and complete to the best of my knowledge. If asked, I agree to give proof of the information that I have given on this form. I realize that the committee examining my application may request proof of my need for financial assistance. I also realize that if I do not give proof when asked that my application for assistance may be denied. I UNDERSTAND that selection decisions by The Folded Flag Foundation, Inc. are final and are not subject to appeal.

Applicant's (or Parent/Guardian's) Signature

Printed Name

Date (MM/DD/YYYY):

REQUIRED DOCUMENTATION

IMPORTANT: In order for your application to be considered, the following documentation must be submitted for review along with your application:

Proof of Eligibility*:

- Fallen Family Member's **Death Certificate** or **DD1300 Casualty Report**
- For deaths after discharge from service resulting from combat-sustained injury or illness:
 - **VA determination letter of service-connected disability**
 - **VA letter confirming death related to service-connected disability**
- **Birth Certificate, Adoption Paperwork** or **Marriage Certificate** showing applicant's legal next of kin relationship to Fallen Family Member prior to date of death
- For post-secondary or graduate level students: **VA letter of eligibility for funding – Chapter 33 Fry Scholarship** or **Chapter 35 Dependents' Educational Assistance**

Proof of Enrollment in School*:

- **Letter of Acceptance, Class Schedule,** or **other proof of active enrollment** for the school year for which funding support is being requested.

Proof of Need*:

- **Tuition Letter** from school financial aid office showing projected tuition & fees for the upcoming school year, as well as other educational costs (actual or estimated), such as room & board and transportation.
- **Service Provider Invoices** for after school programs, tutoring services, summer camps, etc. Note: these invoices must include the Tax ID number of the service provider, for verification purposes.
- For post-secondary or graduate students living off-campus:
 - **Lease Agreements**
 - **Monthly Bills – Utilities, Internet, Transportation, etc.**
 - **Receipts** for living expense reimbursement requests

Optional:

- Copy of Applicant's **Driver License/State ID Card, Military ID Card,** or **U.S. Passport**
- **Applicant Photo** or **Photo of Applicant with Fallen Parent/Family**



PUBLICITY CONSENT AND RELEASE FORM

The Folded Flag Foundation (“Folded Flag”) wants other families of fallen heroes to know we are here to support them. There is no better way to spread the word than with testimonials and stories from those who have received support. Allowing Folded Flag to use your stories through photographs, videos and recordings may inspire potential donors to participate financially or encourage other surviving families to apply for educational support.

I, _____, **GIVE MY CONSENT** to The Folded Flag Foundation to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of The Folded Flag Foundation. I agree that The Folded Flag Foundation has complete ownership of such materials, including the entire copyright, and may use them for any purpose consistent with The Folded Flag Foundation mission, program and fundraising activities. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional/educational materials in any medium now known or later developed, including the Internet.

I have read and understood this consent and release, and acknowledge that I will not receive any compensation for the use of such materials. I hereby release The Folded Flag Foundation from any and all claims which may arise out of or are in any way connected with such use.

signature

date

parent / legal guardian (if subject is under 18)

date

I, _____, **DO NOT GIVE MY CONSENT** to The Folded Flag Foundation to use my name and likeness to promote The Folded Flag Foundation, its mission, program and fundraising activities, as described above.

signature

date

parent / legal guardian (if subject is under 18)

date