

FUTURE USE SCHOLARSHIP APPLICATION



Please check all that apply:

Wounded in action Disabled in the line of duty Killed in Action Killed in the Line of Duty POW/MIA Purple Heart

VA Disability Rating: _____ Casualty/Incident Date: _____ Location: _____

Email: _____ Phone: _____

PARENT/GUARDIAN CONTACT INFORMATION

Name: _____

Last

First

Middle

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

DEMOGRAPHIC INFORMATION (Response to this inquiry is voluntary and will not be used in a discriminatory fashion.)

1. **Ethnicity:** Please check only one:

Hispanic/Latino

Not Hispanic/Latino

Decline to identify

2. Please check all that applies to you:

Alaskan Native/Native American*

Black/African American

White

Asian

Native Hawaiian/Pacific Isla

Decline to identify

*3. **Tribal Affiliation:** _____

OTHER INFORMATION

How did you learn of FHF scholarships? _____

Names of any other service member's dependents:

First Name	Last Name	Date of Birth	FHF Scholarship Recipient

Privacy Release of Information:

I give permission to Folds of Honor Foundation to use our family's story and photos for the purpose of promoting Folds of Honor scholarship programs.

Yes

No

Comment:

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PERSONAL ESSAY

Please write a one-page essay including the following (can be written by the applicant (preferred) or Parent/Guardian):

- **Paragraph 1:** Briefly describe the circumstances surrounding the service member's disability or death and how it affected your child;
- **Paragraph 2:** Describe how you think the Scholarship will benefit your child;
- **Paragraph 3:** If applicable, briefly discuss any financial hardships you face;
- **Paragraph 4:** Discuss any hobbies or interests your child may have either related to school or extra-curricular.

I have read the application instructions and eligibility requirements and understand my responsibility to provide information, follow submission procedures and meet deadline requirements for this application. I attest that my child is birth through 11th grade. I have enclosed the required documentation verifying dependency.

Applicant Signature (Do not print)

Date

Printed Name

In one packet, please send all documents to: Folds of Honor Foundation, Attn: Scholarships, 5800 N. Patriot Drive, Owasso, OK 74055