

**Applicant Please Fill In:**

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Last Name

First Name

M.I.

**FREEDOM ALLIANCE  
SCHOLARSHIP FUND**



**SCHOLARSHIP APPLICATION**

**2006 – 2007 ACADEMIC YEAR**

**DEADLINE: JULY 31, 2006**

## FREEDOM ALLIANCE SCHOLARSHIP FUND

The mission of Freedom Alliance is to advance the American heritage of freedom by honoring and encouraging military service, defending the sovereignty of the United States, and promoting a strong national defense. One of the ways we carry out our mission is by providing financial assistance in the form of **Freedom Alliance Scholarships** to deserving sons and daughters of soldiers, sailors, airmen, Marines and Guardsman who have been killed or permanently disabled (100% VA disability rating) in the line of duty, or who are currently classified as a Prisoner of War (POW) or Missing in Action (MIA). **[NOTE: "In the line of duty" means while performing assigned duties during times of war or during military training. Dependents of someone who was killed or disabled on their "off-duty" time (i.e., an evening, weekend or while on leave) are not eligible. The disability must be permanent, service-connected, and rated at 100% by the Department of Veterans Affairs.]**

### **ELIGIBILITY:**

One-year scholarships are awarded annually and are limited to undergraduate studies at accredited educational/technical institutions. Scholarships are automatically renewable providing the recipient remains a **full-time** student and maintains an acceptable grade point average within a 2.00/4.00 scale. **CURRENT SCHOLARSHIP RECIPIENTS MUST APPLY FOR EACH SUCCESSIVE YEAR DEMONSTRATING THEY ARE MEETING THE PREVIOUSLY STATED CRITERIA.** The Freedom Alliance Scholarship Fund will grant no more than four (4) annual scholarships to a recipient.

#### **1. Eligible applicants must be:**

- A. The **dependent son or daughter** of a soldier, sailor, airman, Marine or Guardsman who was killed or permanently disabled (100% VA disability rating) in the line of duty; or,
- B. The **dependent son or daughter** of a soldier, sailor, airman, Marine or Guardsman who is currently classified as a POW or MIA; and,
- C. A high school senior, high school graduate or registered as an undergraduate student at an accredited college or post high school vocational/technical institution. **Scholarship awards are not available for graduate study.**
- D. Maximum age for a scholarship is 26.

#### **2. PARENTS' COMBINED TOTAL INCOME CANNOT EXCEED \$75,000 ANNUALLY.**

### **REQUIREMENTS:**

TYPE OR PRINT LEGIBLY **all** information requested on the following pages. Even if the information requested is contained somewhere in the documents you enclose with your application, you still must write your answers on the application form. Write "NA" if information requested on the application form is not applicable to you.

#### **1. FINANCIAL STATEMENT:**

Submit a **signed** copy of your parents' 2005 Federal Income Tax Return. **IN THE CASE OF DIVORCED or SEPARATED PARENTS, THE INCOMES OF BOTH PARENTS ARE REQUIRED.** Independent students must submit a signed copy of their 2005 Federal Income Tax Return in addition to their parents' returns. (Please note the scholarship requirement stated above that your parents' combined incomes cannot exceed \$75,000 annually for you to be eligible for a Freedom Alliance Scholarship.)

The Scholarship Fund exists to help college children of deceased, permanently disabled or POW/MIA service members. Because of our limited financial resources, we cannot, unfortunately, help everyone who applies. To determine the degree of need, it is essential to know your parents' ability to financially assist you. Therefore, even if you are not now receiving financial support from one or both of your parents, you must still provide information about their financial resources for scholarship consideration.

**2. CERTIFICATE OF SERVICE/DEPENDENCY:**

- A. Please enclose a copy of your parent's Certificate of Death (Form DD1300), certificate of disability (showing 100% VA disability rating), or documentation of POW or MIA classification.
- B. A photocopy of your current valid dependent's ID card must be enclosed if you have one.

**3. ESSAY:**

Submit an essay, approximately 500 words, stating what your parent's service means to you, e.g., how it has impacted your life, inspired you, or shaped your future goals.

**4. SCHOLASTIC RECORD:**

Submit an official transcript from high school and from all post high school educational institutions. This must be included with your application. Please **DO NOT** mail it separately or have the school mail it separately.

**5. LETTERS OF REFERENCE/RECOMMENDATION:**

Please enclose a minimum of two originally signed letters of reference or recommendation. At least one letter should be from one of your current or former teachers. Others may be from people of your choosing, e.g., school administrators, employers, coaches, scout leaders, church leaders, or other community leaders, etc. Letters of recommendation must be written on official letterhead, and include the title/position of the individual must be included in the signature block.

**6. PHOTO OF APPLICANT:**

Please enclose a photo of yourself from the shoulders up – preferably a good quality senior picture or yearbook-type of photo, no smaller than 2X2 – which will be used for publicity if you are selected as a scholarship winner. Please write your name on the back of your photo and include a note to let us know if it must be returned.

**7. OPTIONAL PHOTO OF PARENT:**

If you would like your parent's photo to be published with yours, please include a photo of him or her. Photos can be candid shots, family photos, or pictures of your parent in uniform. Please write your name along with your parent's and include a note to let us know if it must be returned.

**DEADLINE FOR SUBMISSION: July 31, 2006**

Your ***complete application*** with all supporting documents must be postmarked no later than **July 31, 2006**.

**COMPLETED APPLICATIONS:**

All information must be submitted in **one envelope at one time only**. It is imperative that all questions be completed, and the Certification signed and dated by the applicant and a parent. **THE SCHOLARSHIP COMMITTEE WILL NOT CONSIDER INCOMPLETE APPLICATIONS.** Any additional information relative to your application, which you believe would be of assistance in our evaluation of your application may also be submitted.

**HELPFUL HINTS:**

Where can I get copies of military, death or disability records? Contact the U.S. Department of Veterans Affairs, County or State Veterans Service Officers, or local military recruiters for assistance.

Section I

APPLICANT INFORMATION:

Please TYPE or PRINT LEGIBLY. All blanks must be filled in, even if the information requested is included in the enclosures to your application. Write "N/A" where not applicable.

Last Name First M.I. Social Security Number

Home Address City State Zip Home Telephone E-Mail Address

Marital status: \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced / \_\_\_ Male \_\_\_ Female

Are you currently a high school senior? \_\_\_ Yes \_\_\_ No Birth Date: \_\_\_\_\_

SAT Score: \_\_\_\_\_ ACT Score: \_\_\_\_\_ High School GPA: \_\_\_\_\_ High School Class Rank: \_\_\_\_\_ / \_\_\_\_\_

If you are now in college, what is your cumulative GPA? \_\_\_\_\_ As of (date): \_\_\_\_\_

Name of high school now attending or from which you graduated City State Year of Graduation/GED

College/School you will attend in the fall of 2006: \_\_\_\_\_ City & State: \_\_\_\_\_

Expected enrollment status: \_\_\_ Full-time \_\_\_ Part-time Major: \_\_\_\_\_

College grade level you will enter in the fall of 2006: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior

College, vocational, or technical school(s) previously attended: (Enclose transcripts for all.)

Table with 5 columns: School, City & State, From, To, GPA. Two rows for previous schools.

Scholastic Honors/Distinctions: \_\_\_\_\_

Other Honors/Awards: \_\_\_\_\_

(Use and attach a separate sheet of paper if needed.)

Extracurricular activities in school (e.g., clubs, honor societies, band, sports, etc.): \_\_\_\_\_

Extracurricular activities outside of school (e.g., community, church, social club, scouting, etc.): \_\_\_\_\_

**Applicant's current/prior military service:** \_\_\_\_\_ I have no prior service \_\_\_\_\_ I have prior service. **My DD214 is enclosed.**

\_\_\_\_\_ I am currently serving in the \_\_\_\_\_ (e.g., Regular, Reserve, National Guard)

**Note:** If the applicant is currently serving in the Regular or Reserve forces, or the National Guard, a signed statement of service on official letterhead of the unit or organization must be enclosed with this application.

**Prior applications:**

Have you previously applied to the Freedom Alliance Scholarship Fund? \_\_\_\_\_ YES \_\_\_\_\_ NO

**If YES, what year(s) did you apply?** \_\_\_\_\_

**If YES, were you awarded a scholarship/scholarships?** \_\_\_\_\_ YES \_\_\_\_\_ NO

List the names of any family members who have received scholarships from Freedom Alliance: \_\_\_\_\_

\_\_\_\_\_

**Please estimate your 2006-2007 academic year expenses and financial aid:**

**Your estimated 2006-2007 academic year expenses for the following:**

Tuition	\$ _____
Fees	\$ _____
Books	\$ _____
On/Off Campus Room & Board	\$ _____
Personal & Transportation	\$ _____
Other _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**Other grants, awards, scholarships and student loans confirmed, or that you expect to receive, for the 2006-2007 academic year:**

Pell Grant	\$ _____
SEOG	\$ _____
State Grant	\$ _____
Other Scholarships	\$ _____
VA Benefits	\$ _____
Other _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**Where will you live during the 2006-2007 academic year?**

\_\_\_\_\_ On Campus \_\_\_\_\_ Off Campus \_\_\_\_\_ With Parents

**Describe summer employment you have held, what you did, and how many hours per week you worked:**

\_\_\_\_\_  
\_\_\_\_\_

**Describe employment you've held or plan to hold during the academic year (i.e., where, position, how many hours, etc.):**

\_\_\_\_\_  
\_\_\_\_\_

**Section II**

**FATHER'S INFORMATION:**

Name: \_\_\_\_\_  
Last First M. I.

Address: \_\_\_\_\_  
City & State Zip

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

If father is deceased, please check: \_\_\_\_\_

If living, current marital status:

\_\_\_ Single \_\_\_ Married  
\_\_\_ Separated \_\_\_ Divorced \_\_\_ Widower

If father's surname is different than applicant's surname, please explain. \_\_\_\_\_

Father's highest military rank: \_\_\_\_\_

Father's military service (Branches and dates): \_\_\_\_\_

Months of active / reserve duty: \_\_\_\_\_ / \_\_\_\_\_

Major units (Wings, Divisions) where assigned and dates/ location of combat tour(s), units served with in combat:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of discharge: \_\_\_\_\_

Medals received (list combat "V"): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Purple Heart(s)? \_\_\_\_\_ POW? \_\_\_\_\_

KIA? \_\_\_\_\_ MIA? \_\_\_\_\_

**MOTHER'S INFORMATION:**

Name: \_\_\_\_\_  
Last First M. I.

Address: \_\_\_\_\_  
City & State Zip

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

If mother is deceased, please check: \_\_\_\_\_

If living, current marital status:

\_\_\_ Single \_\_\_ Married  
\_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

If mother's surname is different than applicant's surname, please explain. \_\_\_\_\_

Mother's highest military rank: \_\_\_\_\_

Mother's military service (Branches and dates): \_\_\_\_\_

Months of active / reserve duty: \_\_\_\_\_ / \_\_\_\_\_

Major units (Wings, Divisions) where assigned and dates/ location of combat tour (s), units served with in combat:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of discharge: \_\_\_\_\_

Medals received (list combat "V"): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Purple Heart(s)? \_\_\_\_\_ POW? \_\_\_\_\_

KIA? \_\_\_\_\_ MIA? \_\_\_\_\_

**Freedom Alliance scholarship applicants must be dependents of service members who were killed or permanently disabled in the line of duty (VA disability rating of 100% ), or who are classified as MIA or POW . (See "Note" in first paragraph of rules for further clarification of eligibility.) Please describe the circumstances of your parent's death or disability in order that we may understand what happened, when and where. (If more room is needed, please attach a separate sheet of paper. Additionally, please note the requirement that a certificate of death/disability or POW/MIA status must also be provided as defined in the instructions.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III**

**PARENT'S FINANCIAL INFORMATION**

Please note the scholarship eligibility rule that your parents' combined income may not exceed \$75,000 annually. As per the instructions, a copy of the parents' signed 2005 tax return must be enclosed with this application. Even though this tax information is enclosed, please enter the information requested in the blanks below.

	FATHER	MOTHER	PARENTS JOINTLY
Adjusted Gross Income (from Tax Return)	_____	_____	_____
Tuition Benefits from Employer	_____	_____	_____
Savings or Other Resources	_____	_____	_____
Parental Student Loan(s)	_____	_____	_____
Veteran's Benefits	_____	_____	_____
Number of Dependents in College other than Applicant (2006-2007)	_____	_____	_____

**Exceptional circumstances:**

Are there any unusual expenses, such as high medical or dental expenses, other debt, child care, elder care, or other special conditions that you believe should be taken into account by the scholarship committee? If so, please check here \_\_\_\_\_ indicating that an explanation is attached on a separate sheet of paper.

**Publicity about award winners:**

Freedom Alliance publicizes its scholarship award winners through our newsletters and web site and through press releases sent to students' local newspapers, radio stations and Members of Congress. Please provide the following information for notifications if you are selected to be a scholarship winner:

Name and address of your most widely read local community newspaper(s): \_\_\_\_\_

Call letters and addresses of local news/talk radio stations(s): \_\_\_\_\_

Name of your U.S. Congressman: \_\_\_\_\_

Name of your U.S. Senators: \_\_\_\_\_

How did you hear about the Freedom Alliance Scholarship Fund?

\_\_\_ Guidance Counselor \_\_\_ College Financial Aid Office \_\_\_ Internet/Web (Specify web site): \_\_\_\_\_

\_\_\_ Newspaper or Magazine \_\_\_ Radio or TV \_\_\_ Member of Congress \_\_\_ Family Member or Friend

\_\_\_ Other (Please explain): \_\_\_\_\_

**NOTE: Applications will not be considered by the scholarship committee unless ALL required materials listed below accompany the application package. Please check off that each item is enclosed.**

\_\_\_\_\_ **Certificate of death/disability or proof of POW/MIA status** as defined in the instructions

\_\_\_\_\_ **Proof of dependency** as defined in the instructions

\_\_\_\_\_ **Signed copy of all financial forms**

\_\_\_\_\_ **500 word essay** as explained in the instructions

\_\_\_\_\_ **Minimum of two letters of reference/recommendation** as explained in the instructions

\_\_\_\_\_ **Official transcripts** from high school and all post-high school educational institutions

\_\_\_\_\_ **Photo of applicant**

\_\_\_\_\_ **Photo of parent (optional)**

**CERTIFICATION  
(MUST BE SIGNED BY APPLICANT AND ONE PARENT)**

All the information provided in this application is true and complete to the best of our knowledge.

Applicant's Signature	Date	Parent's Signature
Applicant's Printed Name	Date	Parent's Printed Name

**Return this application, together with all accompanying materials, postmarked on or before July 31, 2006 to:**

**Freedom Alliance Scholarship Fund  
22570 Markey Court, Suite 240  
Dulles, Virginia 20166-6915**

**Telephone: 800-475-6620      Web site: [www.freedomalliance.org](http://www.freedomalliance.org)**