

# Student Application



For Scholarship America Use Only:
Complete: _____
Incomplete: _____
Reason _____

**TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES**  
**Completeness and neatness ensure your application will be reviewed properly.**

To be completed by students already enrolled in postsecondary programs, high school seniors, or others who plan to enroll within one term.

## APPLICANT DATA

Last/Family Name \_\_\_\_\_ First/Given \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Permanent Home Mailing Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Country \_\_\_\_\_ Telephone \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address \_\_\_\_\_ US Social Security Number (if applicable) \_\_\_\_\_  
Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Please indicate your status. (For statistical purposes only)  Male  Female

## PERMANENTLY DISABLED VICTIM/SURVIVING PARENT OR GUARDIAN INFORMATION

Last/Family Name \_\_\_\_\_ First/Given \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Telephone \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ Fax \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relationship to applicant:  Parent  Guardian Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

## SECONDARY SCHOOL DATA

School Name \_\_\_\_\_ Secondary School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Telephone \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

## POST-SECONDARY SCHOOL DATA

**I am applying for (please check one):**

### OPTION 1: (for full-time students only) **APPLICATION POSTMARK DEADLINE IS MAY 15**

Full Academic Year (fall/winter/spring terms):  
Academic Year Start Date (m/d/yr) \_\_\_\_\_ Academic Year End Date (m/d/yr) \_\_\_\_\_

**OR** If not applying for the entire academic year, are a part-time student, OR missed the May 15 deadline, check the appropriate term below (please check only one):

### OPTION 2: (all others): **APPLICATION MUST BE RECEIVED BY THE TERM END DATE**

Fall Semester  Winter/Spring Semester  Summer Semester  
 Fall Quarter  Winter Quarter  Spring Quarter  
 Other: \_\_\_\_\_

Term Start Date (m/d/yr) \_\_\_\_\_ Term End Date (m/d/yr) \_\_\_\_\_

Name of postsecondary school you are attending or plan to attend for application period checked above.  
**Use official school name. Do not use abbreviations.**

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

4 yr. College or University  2 yr. Academic Degree Granting Institution  
 Vocational-Technical School  Other, explain \_\_\_\_\_

**Students taking individual or certification courses must apply using Option 2.**

Year in school for application period checked above (circle one): 1 2 3 4 5 or Graduate Study

Expected postsecondary graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

Enrollment status:  Full-time  Part-time: If part-time, number of hours per term \_\_\_\_\_  
**(Part-time students must apply using Option 2.)**

Degree sought:  Bachelor  Associate  Certificate  Graduate  Other \_\_\_\_\_

Student will:  live on campus  live off campus  commute from home

If school choice is a US public institution, applicant will pay:  in-state resident tuition  non-resident tuition

# Student Application



## FINANCIAL DATA

If applicant is a dependent child, the parent/guardian must complete this portion of the application. If applicant is independent, he/she must complete this portion. Adjusted gross income and total federal income tax amounts should be from parents'/applicant's most recently filed US tax return (if applicable). **To be considered for an award, this section must be filled out completely by US students.**

**NOTE: Students outside the United States will be provided a separate financial data form to complete.**

Refer to instructions on page 4 to assist in completing this section.

State of Residence .....	_____	Total Cash, Checking, Savings, and Cash Value of Stocks, etc. ....	\$ _____
Adjusted Gross Income (FORM 1040) .....	\$ _____	<b>(exclude value of items listed below)</b>	
Total US Federal Tax Paid (FORM 1040) ..	\$ _____	<ul style="list-style-type: none"> <li>• 9/11 Federal Victim's Compensation</li> <li>• 9/11 Life Insurance Proceeds</li> <li>• Other 9/11 Related Benefits</li> <li>• Retirement Plan Funds</li> <li>• IRA</li> <li>• 401k</li> </ul>	
Total Income of Surviving Parent..... or Disabled Victim or Self	\$ _____	Total number of family members living in the household and primarily supported by the reported income .....	# _____
Total Income of Spouse of Disabled Victim... or Spouse of Independent Student	\$ _____	Marital status of Parent/Guardian or Self:	
Medical and Dental Expenses Not Paid by Insurance (exclude premiums) .....	\$ _____	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
Total number of family members attending postsecondary school (college) at least half-time during the next school year, including applicant .....	# _____		

## OTHER AID

### Scholarships / Grants / Waivers / Stipends

List all other aid that does not have to be repaid. Attach another sheet with additional awards if necessary.

Name of Award:	Amount:
_____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending \$ _____
_____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending \$ _____
_____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending \$ _____
_____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending \$ _____

## CERTIFICATION

This application becomes the property of Scholarship America when submitted. The administrators will determine scholarship amounts. I acknowledge that the decisions of the scholarship administrators are final.

I hereby certify that the information provided in this Application is complete and accurate to the best of my knowledge. I understand that if any such information is found to be false, I may be denied assistance, and I may be required to repay any assistance that I receive based on the false information. Upon request, I agree to provide any scholarship administrator with evidence of the information I have given on this form. In addition, I understand that if I disagree with the amount awarded to me, I have the opportunity to submit additional information via an appeals process.

## DATA PRIVACY

I agree that I will notify Scholarship America of the amount and terms of any other education grants, scholarships, stipends, or tuition or fee waivers that I receive for the period to which this Application relates. **I authorize** each other person or organization that provides me with such assistance to release to Scholarship America the purpose and amount of such assistance, and **I authorize** Scholarship America to release to such other person the amount and purpose of any assistance that Scholarship America provides to me. I understand that a photocopy of this form may be provided to the other person or organization.

**I authorize** Scholarship America to share the information requested on this form, and any other information that Scholarship America may obtain about additional educational support that I receive, with other scholarship providers for the purpose of determining and coordinating scholarship support provided to me.

**I authorize** Scholarship America to contact any school identified in this Application to obtain or verify any information that Scholarship America deems necessary in order to determine my eligibility for scholarship assistance or the amount of such assistance, and **I authorize** each such school to provide or verify such information. I understand that a photocopy of this form may be provided to the school. This consent to release information is intended to comply with the requirements of the Family Education Privacy Rights Act.

I authorize Scholarship America to release information about me to funder(s) if I am the recipient of designated scholarship funds. The Information released may include my name, college, major, and award amount.

Non-U.S. registrants: Please note that Scholarship America intends to comply with all applicable United States laws regarding the privacy of information you provide to Scholarship America. These laws may provide less protection than the laws of your country.

Applicant's Signature	Date	Parent/Guardian's Signature	Date
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Please call 877-862-0136 or email [info@familiesoffreedom.org](mailto:info@familiesoffreedom.org) with any questions or visit [www.familiesoffreedom.org](http://www.familiesoffreedom.org).

## APPLICATION CHECKLIST

The applicant is responsible for submitting all materials to Scholarship America. This application becomes complete and valid only when Scholarship America has received all of the following materials:

### OPTION 1: (for full-time students only)

**DEADLINE DATE: POSTMARKED BY MAY 15**

Students who want to be notified of their award amount for the academic year prior to the fall term start date must submit an application by postmark deadline May 15. An award notification letter will be sent to the student's home address by mid-July. **Full-time study** is defined as full-time enrollment for the entire upcoming academic year.

The following must be provided:

- Student Application
  - Copy of first two pages of most recent 1040 US tax return (parent's 1040 is required if you are claimed as a dependent even if you file a 1040 tax form)
  - Transcript of grades (not necessary for first time applicants) – used to verify enrollment for previously awarded terms
- If parent or self is **permanently disabled** as a result of 9/11, include the following:
- Proof of receiving social security benefits (provide copy of Proof of Income Letter or Benefit Verification Letter from Social Security for current year)

**AWARD NOTIFICATION DATE:** Mid-July (Notification will be provided to those attending non-New York schools by mid-June)

**CHECK ISSUANCE DATE:** August 15 – First half of the award  
December 31 – Second half of the award

### OPTION 2: (all others)

**DEADLINE DATE: APPLICATION MUST BE RECEIVED BY THE TERM END DATE**

This option is for students:

- attending school part-time
- taking individual or certification courses
- who did not meet the May 15 deadline for Option 1

The following must be provided:

- Student Application
- Copy of first two pages of most recent 1040 US tax return (parent's 1040 is required if you are claimed as a dependent even if you file a 1040 tax form)
- Copy of school billing statement for term of application
- Transcript of grades (not necessary for first time applicants) – used to verify enrollment for previously awarded terms

If parent or self is **permanently disabled** as a result of 9/11, include the following:

- Proof of receiving social security benefits (provide copy of Proof of Income Letter or Benefit Verification Letter from Social Security for current year)

**AWARD NOTIFICATION AND CHECK ISSUANCE DATE:** 4-6 weeks after application is received.

All materials for both options must be addressed to:

**Families of Freedom Scholarship Fund**  
Scholarship America  
One Scholarship Way  
Saint Peter, MN 56082

## COMMONLY ASKED QUESTIONS & ANSWERS:

### Am I required to report the value of funds received from the Federal Victim's Compensation awards?

No, you do not have to report funds received from the Victim's Compensation Fund as part of your total cash, checking, savings, and cash value of stocks.

### How long do I have to submit an application?

You have until the term ends to submit an application.

### How do other scholarships/grants impact my award amount?

Any other scholarships or grants that you receive, such as the New York World Trade Center Scholarship, Pell grant, etc., will be expected to be used to pay for your education expenses and are deducted when from total school costs when calculating Families of Freedom awards.

### What can I do if I disagree with the amount awarded to me?

You may contact Scholarship America at 877-862-0136 and an appeal application will be sent to you. You will need to provide documentation of any changes of financial data that was provided on the application.

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## INSTRUCTIONS FOR COMPLETING THE FINANCIAL DATA SECTION OF THE STUDENT APPLICATION

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The Financial Data section of the application should be completed by the parent/guardian of a dependent child or by the applicant if independent. Information should be from the most recently completed US tax return filed with the IRS.

**NOTE:** This information is not applicable for non-US residents. Students outside the United States will be provided a separate financial data form to complete.

**State of Residence** is the state where the parent/guardian or independent applicant resides and pays state income tax.

**Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.

**Total Federal Tax Paid** includes the total amount of federal income tax to be paid as reported on IRS FORM 1040. This is not the amount withheld from employee paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do not report state income tax.

**Total Income** earned should be reported individually for both parents or for applicant and spouse as reported on the tax return.

**Medical and Dental Expenses** include only those expenses not paid by insurance. Do not include premium payments.

**Total cash, checking, savings, cash value of stocks, etc.**, include liquid assets that can be used for educational expenses. Do not include the following: 9/11 Federal Victim's Compensation, 9/11 Life Insurance Proceeds, other 9/11 Related Benefits, Retirement Plan Funds, IRA's, or 401k plans. Only a portion of assets will be considered as available income for school expenses.

**Total number of family members (dependents)** living in the household and primarily supported by the reported income includes dependent college students living away from home.

Be sure to check the appropriate box giving the current marital status of the parent/guardian or applicant from whom the financial information is submitted. Include the total number of all family members attending postsecondary school at least half-time. (Postsecondary includes any two- or four-year college or vocational school.) Be sure to include the applicant in this number.

**NOTE:** Any exceptions to providing financial information as instructed above must be submitted to Scholarship America in writing.