

Registration Form



Families of Freedom
SCHOLARSHIP FUND®
and September 11 Scholarship Alliance

Complete this form immediately. Information will be sent annually to your family.
See next page for registration checklist.

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

VICTIM DATA

Last/Family Name _____ First/Given _____ Middle Initial _____
 Address _____ Apt. # _____
 City _____ State/Province _____ Postal Code _____ Country _____
 US Social Security Number (if applicable) _____

Victim status: Deceased Missing Permanently Disabled

Place of death/disability: World Trade Center Pentagon American Airlines - #11
 American Airlines - #77 United Airlines - #175 United Airlines - #93
 Other _____

Check if applicable: Firefighter Police officer Port authority Emergency medical professional Active military duty

Name of employer on 9/11/2001 _____ Phone # (_____) _____

DEPENDENT SPOUSE DATA

(if applicable)

Last/Family Name _____ First/Given _____ Middle Initial _____
 Address _____ Apt. # _____
 City _____ State/Province _____ Postal Code _____ Country _____
 Telephone _____ (_____) _____ Fax _____ (_____) _____
 Email Address _____ US Social Security Number (if applicable) _____
 Country of citizenship _____

Are you currently enrolled or planning to enroll in an undergraduate program? Yes No Undecided
 If yes, when? _____

DEPENDENT CHILD DATA

(if applicable)

GUARDIAN/PARENT DATA: (if different from spouse data)

Last/Family Name _____ First/Given _____ Middle Initial _____
 Address _____ Apt. # _____
 City _____ State/Province _____ Postal Code _____ Country _____
 Telephone _____ (_____) _____ E-mail Address _____
 Relationship to dependent child _____

Attach additional copies of this form if more than three dependents.

| | Dependent Child #1 | Dependent Child #2 | Dependent Child #3 |
|--|---|---|---|
| Name (Last, First, MI) | | | |
| Address | | | |
| City, State/Province Postal Code Country | | | |
| Telephone Number | | | |
| US Social Security # (if applicable) | | | |
| Date of Birth | Month _____ Day _____ Year _____ | Month _____ Day _____ Year _____ | Month _____ Day _____ Year _____ |
| Country of citizenship | | | |
| Year in School | <input type="checkbox"/> 0 - preschool <input type="checkbox"/> Elementary/Secondary, Current Grade _____ <input type="checkbox"/> Post-secondary, Current year in school (1-5) _____ <input type="checkbox"/> Other _____ | <input type="checkbox"/> 0 - preschool <input type="checkbox"/> Elementary/Secondary, Current Grade _____ <input type="checkbox"/> Post-secondary, Current year in school (1-5) _____ <input type="checkbox"/> Other _____ | <input type="checkbox"/> 0 - preschool <input type="checkbox"/> Elementary/Secondary, Current Grade _____ <input type="checkbox"/> Post-secondary, Current year in school (1-5) _____ <input type="checkbox"/> Other _____ |
| Relationship to Victim | <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Other _____ | <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Other _____ | <input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Other _____ |

CERTIFICATION I hereby certify that the information provided in this Registration Form is complete and accurate to the best of my knowledge. I understand that if any such information is found to be false, the Dependent named above may be denied assistance.

DATA PRIVACY I authorize Scholarship America to contact the employer name provided to obtain or verify any information requested on this Registration Form, and I authorize the employer to provide or verify such information. I understand that a photocopy of this form may be provided to the employer.

I authorize Scholarship America to share the information requested on this form with other scholarship providers for the purposes of maintaining contact with me and the named Dependent and coordinating scholarship support.

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.

| | | | |
|--|------|---------------------------------------|---------|
| Signature of Dependent Spouse | Date | Signature of Dependent(s) over age 18 | Date |
| Signature of Adult Person Completing Form (if different than the above) | Date | Relationship to Dependent | Phone # |

REGISTRATION CHECKLIST This form and the documentation required is for the purpose of identifying eligible applicants. A separate student application will be required to request funding.

Victim documentation must be supplied for all registrants.

- Victim:**
- If deceased or missing, provide copy of death certificate or letter from employer verifying the status of the victim.
 - or
 - If permanently disabled, provide:
 - Families of Freedom Scholarship Fund permanent disability certification form, completed by physician or osteopath.
 - AND**
 - Documentation substantiating presence at the World Trade Center site from 9/11/01 – 9/16/01 (ie: work dispatch orders, security clearance badges, etc. – documentation must include the dates you worked at the World Trade Center site)

If the spouse/domestic partner of the victim intends to enroll in a post-secondary education program, the following documentation must be supplied.

- Spouse:** Copy of first two pages of 2001 US federal income tax return.
- Domestic Partner:** Copy of domestic partner state registration.
- or
- Document from victim's former employer stating that domestic partner was eligible for benefits at time of death.
- or
- Documents substantiating joint financial obligations dated twelve (12) months prior to September 11, 2001.

If a child will enroll in a post-secondary education program now or **at any time**, the following documentation must be supplied.

- Child:** Copy of first two pages of 2001 US federal income tax return of victim if child was listed as an exemption.
- or
- Copy of official birth certificate naming victim as parent.
- or
- Legal document verifying that the child was a dependent of the victim on September 11, 2001.

All materials must be addressed to: **Families of Freedom Scholarship Fund**
Scholarship America
One Scholarship Way, P.O. Box 297
Saint Peter, MN 56082

Please call (877) 862-0136 or e-mail familiesoffreedom@scholarshipamerica.org with any questions or visit www.familiesoffreedom.org.