

Families of Freedom Scholarship Fund®

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 (check one): Deceased Missing

Place of death (check one):

- World Trade Center
 Pentagon
 American Airlines - #11
 American Airlines - #77
 United Airlines - #175
 United Airlines - #93

Type of rescue worker (check one):

- Firefighter
 Police officer
 Port authority
 Emergency medical professional
 Active military duty
 Other _____

Which impact area was the victim located (check one):

- The area surrounding the World Trade Center bordered by Broadway to the East, the Hudson River to the West, Chambers Street to the North and Rector Street to the South.
 At the crash site of United Airlines flight 93 in Shanksville Pennsylvania.
 At the crash site of American Airlines flight 77 at the grounds of the Pentagon.

Name of employer on 9/11/2001 _____ Telephone (_____) _____

SPOUSE DATA

(if applicable)

Last/Family Name _____ First/Given _____ Middle Initial _____

Address _____ Apt. # _____

City _____ State/Province _____ Postal Code _____ Country _____

US Social Security Number (if applicable) _____ Telephone (_____) _____

Relationship to Victim _____

Email Address _____

Are you currently enrolled or planning to enroll in an undergraduate program? Yes No Undecided

If Yes, when? _____

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Page 3 of 3

**REGISTRATION
CHECKLIST**

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

Victim documentation must be supplied for all registrants.

Deceased Victim:

- If deceased or missing, provide copy of death certificate or letter from employer verifying the status of the victim.

In addition to the victim documentation, the following information must be submitted if a child will enroll in a post-secondary education program now or **at any time**.

Dependent 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.

If the spouse/domestic partner of the victim intends to enroll in a postsecondary education program, the following documentation must also be supplied. If a spouse/domestic partner does not plan to enroll, we do not require the information listed below.

- 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.

All materials must be addressed to:

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

Questions? Call 877-862-0136 or email info@familiesoffreedom.org

Website: www.familiesoffreedom.org.

We request that all documents be mailed to our office. To protect your privacy, do not send documents to our office electronically.