

Student Application

Families of Freedom Scholarship Fund®

For Scholarship America Use Only

___ Complete: _____

___ Incomplete: _____

Transcript Tuition Statement

1040 Form SSDI

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

APPLICANT DATA

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

Home Mailing Address _____ Apt. # _____

City _____ State/Province _____ Postal Code _____

Country _____ Telephone _____ (_____) _____

Email Address _____ US Social Security Number (if applicable) _____

Date of Birth (mm/dd/yyyy) _____ Please indicate your gender (For statistical purposes only) Male Female

SURVIVING PARENT OR GUARDIAN INFORMATION

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

Email Address _____

Telephone _____ (_____) _____ Relationship to applicant Parent Guardian

POST- SECONDARY SCHOOL DATA

Please select Option 1 or Option 2 below. Do not select both options.

OPTION 1:

This option is only available for full-time undergraduate students.

Full Undergraduate Academic Year (fall/winter/spring terms):

Academic Year Start Date (mm/dd/yyyy) _____ Academic Year End Date (mm/dd/yyyy) _____

OPTION 2:

This option is available for part-time undergraduate students, graduate students, those taking individual/certification courses, or if the May 15 deadline was missed for full-time undergraduate students.

Check only one term – you may only apply for one term per application.

Fall Semester Winter/Spring Semester Summer Semester

Fall Quarter Winter Quarter Spring Quarter

Other: _____

Term Start Date (mm/dd/yyyy) _____ Term End Date (mm/dd/yyyy) _____

Name of postsecondary school you are attending or plan to attend for application period checked above.

Use official school name. Do not use abbreviations.

School Name _____

City _____ State/Province _____ Country _____

4 yr. College or University 2 yr. Academic Degree Granting Institution

Vocational-Technical School Other, explain _____

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 (apply with Option 2): Number of credits/hours per term _____

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

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FINANCIAL DATA

To be considered for an award, this section must be filled out completely by US students. 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 paid should be reported from the most recently filed US tax return (if applicable). You may only apply as an independent student if you are 23 years of age as of January 1 of the current year, are married, are in a graduate or doctorate degree program, or have dependents of your own. Please visit the FAFSA website at <https://studentaid.ed.gov> for more information on determining your dependency status. There are other uncommon situations in which you may be eligible to apply as an independent student. If you feel your situation requires further review, please contact the Families of Freedom Scholarship Fund.

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

Instructions for completing this section are provided on page 5

State of Residence _____ Adjusted Gross Income (FORM 1040)\$ _____ Total US Federal Tax Paid (FORM 1040)...\$ _____ Total Income of Surviving Parent.....\$ _____ or Disabled Victim or Self Total Income of Spouse of Disabled Victim...\$ _____ or Spouse of Independent Student Medical and Dental Expenses Not Paid by Insurance (exclude premiums)\$ _____	Total Cash, Checking, Savings, and Cash Value of Stocks, etc. (Exclude 9/11 Federal Victim's Compensation, 9/11 Life Insurance Proceeds, Other 9/11 Related Benefits, Retirement Plan Funds, IRA, or 401k plans)\$ _____ Total number of family members living in the household and primarily supported by the reported income.....# _____ Marital status of Parent/Guardian or Self: <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 college at least half-time during the next school year, including applicant# _____
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OTHER AID

Scholarships / Grants / Waivers / Stipends - List all other aid that does not have to be repaid. Please check granted or pending for each award listed. If necessary, you may attach additional sheets using the exact format listed below.

The New York State World Trade Center Memorial Scholarship will automatically be included as other aid if you are attending a New York school; if you are not eligible for this award, you will need to notate that in the space below. Please disregard this message if you are not attending a New York school, since the New York State World Trade Center Memorial Scholarship will **not** apply to your school.

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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Families of Freedom Scholarship Fund®

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:

This option is only available for full-time undergraduate students.

Deadline date for Option 1: Applications must be submitted by MAY 15.

The following documents must be provided for **Option 1**:

- Student Application
- Copy of pages one and two of the most recently filed IRS Tax Form 1040 – Students who are claimed as dependents must supply their parent(s) tax form. If the student is considered independent, then we require the student's tax form.
- Transcript of grades – only required for applicants who have previously received Families of Freedom funding. Unofficial or online transcripts are acceptable as long as the school name, student name, grade and credit hours, and term display on the transcript.
- If the parent or self is permanently disabled, proof of receiving Social Security Disability Benefits from the Social Security Administration is required. The letter must be dated within three months of the application and must indicate that the permanently disabled parent is receiving monthly disability benefits.

Award notification date:

Notification will be mailed to the student's home mailing address by the end of July for students who met the May 15 deadline.

Check issuance date:

Checks will be made payable to the school and mailed to the student's home mailing address.

August 15 – First half of the award

December 30 – Second half of the award

OPTION 2:

This option is available for part-time undergraduate students, graduate students, those taking individual or certification courses, or if the May 15 deadline was missed for full-time undergraduate students.

Deadline date for Option 2: Applications must be submitted by the end of the term.

The following documents must be provided for **Option 2**:

- Student Application
- Copy of pages one and two of the most recently filed IRS Tax Form 1040 – Students who are claimed as dependents must supply their parent(s) tax form. If the student is considered independent, then we require the student's tax form.
- Transcript of grades – only required for applicants who have previously received Families of Freedom funding. Unofficial or online transcripts are acceptable as long as the school name, student name, grade and credit hours, and term display on the transcript.
- Itemized tuition billing statement – document must state student's name and term.
- If the parent or self is permanently disabled, proof of receiving Social Security Disability Benefits from the Social Security Administration is required. The letter must be dated within three months of the application and must indicate that the permanently disabled parent is receiving monthly disability benefits.

Award notification and check issuance date:

4-6 weeks after complete application and all required documents are received. The award notification and check will be sent to the student's home address. Checks will be made payable to the school on behalf of the student.

Mail all required documents to the following address:

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

FREQUENTLY ASKED QUESTIONS AND ANSWERS

Am I required to report the value of funds received from the Victim's Compensation Fund/Life Insurance payments?

Victim's Compensation Fund/Life Insurance payments are not considered assets for the Families of Freedom Fund (cash, checking, savings, stocks, bonds). However, interest earnings reflected in the annual Adjusted Gross Income are considered taxable income and will be used in the financial need calculation.

Are unofficial or online transcripts acceptable?

Unofficial or online transcripts are acceptable as long as the school name, student name, grade and credit hours, and term display on the transcript.

How do other scholarships/grants impact my award amount?

Any other scholarships or grants that you receive, such as the New York State World Trade Center Scholarship, Pell grant, etc., will be expected to be used to pay towards your education expenses. These amounts will be deducted from the cost of attendance when calculating Families of Freedom awards.

How do I know if I am an independent student for the Financial Data section?

Families of Freedom Scholarship Fund uses a similar methodology as the Office of the U.S. Department of Education to determine a student's dependency status. Students can find out if they are considered independent by completing the FAFSA. You may only apply as an independent student if you are 23 years of age as of January 1 of the current year, are married, are in a graduate or doctorate degree program, or have dependents of your own. To find out more information concerning your dependency status, please visit the FAFSA website at <https://studentaid.ed.gov>.

When will I be notified of my award amount?

For students who applied using Option 1, Notification will be mailed to the student's home mailing address by the end of July for students who met the May 15 deadline.

For students who applied using Option 2, notification will be mailed to the student's home mailing address 4-6 weeks after the complete application and all required documents are received.

How and when are scholarships paid?

For students who applied using Option 1, a check will be mailed to the student's home mailing address in two installments. The first half of the award will be mailed on August 15 and the second half of the award will be mailed on December 30. The checks are made payable to the school on behalf of the student.

For students who applied using Option 2, a check will be mailed to the student's home mailing address 4-6 weeks after the complete application and all required documents are received.

Can I estimate my award amount?

You may use the Families of Freedom Estimated Award Calculator available at www.familiesoffreedom.org. The award estimate may be different than your actual award as calculated by the Families of Freedom Scholarship Fund. This resource is available to help you plan financially for the upcoming year. Final award amounts will be determined and you will be notified of the amount by mail. Please visit the Families of Freedom website for more details.

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

You may contact the Families of Freedom Scholarship Fund at 877-862-0136 or email at info@familiesoffreedom.org 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.

Who is Scholarship America?

The Families of Freedom Scholarship Fund is managed by Scholarship America, the nation's premier nonprofit, private sector scholarship and educational support organization. Scholarship America has administered the Families of Freedom Scholarship Fund since the inception of the Fund.

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

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 reported from the most recently filed 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 US Federal Tax Paid includes the total amount of **federal** income tax to be paid as reported on the 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., includes 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 living in the household and primarily supported by the reported income. Includes dependent college students living away from home.

Marital status is the current status of the person from whom the financial information is submitted.

Of the total number of family members living in the household, number of students attending college includes family members attending a two- or four-year college, university, or vocational-school at least half-time. Include the applicant this number.

NOTE: Any exceptions to providing financial information as instructed above must be submitted to the Families of Freedom Scholarship Fund in writing.