# Families of Freedom Scholarship Fund

TYPE OR PRINT	ALL INFORMATION EXCEPT SIGNATUR	ES		Page 1 of 3			
VICTIM DATA	Last/Family Name		irst/Civon	Middle Initial			
		'					
	Address			Apt. #			
	City S	State/Province	Postal Code	Country			
	US Social Security Number (if applicable)	_					
	Victim status (check one): Deceased						
	Place of death (check one):						
	<ul> <li>World Trade Center</li> <li>Pentagon</li> <li>American Airlines - #11</li> <li>American Airlines - #77</li> <li>United Airlines - #175</li> <li>United Airlines - #93</li> <li>Type of rescue worker (check one):</li> </ul>						
	<ul> <li>Firefighter</li> <li>Police officer</li> <li>Port authority</li> <li>Emergency medical professiona</li> <li>Active military duty</li> <li>Other</li> </ul>						
	<ul> <li>Which impact area was the victim located (check one):</li> <li>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.</li> <li>At the crash site of United Airlines flight 93 in Shanksville Pennsylvania.</li> <li>At the crash site of American Airlines flight 77 at the grounds of the Pentagon.</li> </ul>						
	Name of employer on 9/11/2001		Telephone(	)			
SPOUSE DATA (if applicable)	Last/Family Name	Fi	rst/Given	Middle Initial			
	Address			Apt. #			
	City s	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 Undergraduate program?						

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#### TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

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DEPENDENT
CHILD
DATA

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

		Dependent Child #1	Dependent Child #2	Dependent Child #3		
Name (Last, First, MI)						
Address						
City, State/Province Postal Code Country						
US Social Security # (if applicable)						
Date of Birth		Month Day Year	Month DayYear	Month Day Year		
Country of citizenship						
Telephone Number						
Email Address						
Current Year in School		<ul> <li>0 - preschool</li> <li>Elementary/Secondary, Current Grade</li> <li>Postsecondary, Current year in school (1-5)</li> <li>Other</li> </ul>	<ul> <li>0 - preschool</li> <li>Elementary/Secondary, Current Grade</li> <li>Postsecondary, Current year in school (1-5)</li> <li>Other</li> </ul>	<ul> <li>0 – preschool</li> <li>Elementary/Secondary, Current Grade</li> <li>Postsecondary, Current year in school (1-5)</li> <li>Other</li> </ul>		
Relationship to Victim		Child Step-child	Child Step-child	Child Step-child		
		Other	Other	Other		
CERTIFICATION DATA PRIVACY	l under	y certify that the information provided in this stand that if any such information is found t prize Scholarship America to contact the en ration Form, and I authorize the employer t	to be false, the Dependent named above not	may be denied assistance. any information requested on this		
		e provided to the employer.		······································		
	scholarship providers for the purposes of ort.					
	Non-U.S. registrants: Please note that Scholarship America intends to comply with all applicable United States laws regardin privacy of information you provide to Scholarship America. These laws may provide less protection than the laws of your court					
Signa		ure of Dependent(s) over age 18	Date			
	Signatu	ure of Dependent(s) over age 18	Date			
		ure of Dependent(s) over age 18	Date			
		ure of Dependent Spouse/Guardian	Date Relationship to Depe	ndent(s) Date		

### Families of Freedom Scholarship Fund

### TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES Page 3 of 3 REGISTRATION This form and the documentation required is for the purpose of identifying eligible participants. A separate student application will CHECKLIST 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 Π 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. Copy of first two pages of 2001 US federal income tax return. Spouse: **Domestic Partner:** Copy of domestic partner state registration; OR $\square$ $\square$ 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.