

Forever Heroes Foundation

Scholarship Application

General Scholarship Requirements:

- Be between the age of 17 – 30
- High School GPA of at least 2.5
- Be the child of a first responder or military personnel that was either
 - Killed in the line of duty
 - Injured in the line of duty and deemed 100% disabled
 - Diagnosed as terminally ill
- Or be a former first responder or military personnel that was injured in the line of duty and deemed 100% disabled.

Items to Return to the Forever Heroes Foundation:

- Completed and signed application
- Community Service, Sports, Clubs & Activities information
- Transcripts from all high schools and colleges attended (include current year schedule and grades)
- Proof of acceptance to a university, community college or trade school
- Two Letters of Recommendation

Terms of Application:

Applicants who submit this application and meet the appropriate requirements agree to the following:

- a) All scholarship winners will be notified in writing.
- b) All applications and supporting documentation become the property of the Forever Heroes Foundation.
- c) I have completed the application myself and verify to the best of my abilities that the information contained in this application is accurate and correct. If applicable, my parent or guardian has signed this application verifying the accuracy of the information contained within.
- d) I agree to the terms and conditions of the Forever Heroes Foundation Scholarship Program as defined by the policy and the application. I authorize the Forever Heroes Foundation to verify all aspects of this application with my high school or the employer of my parent or guardian.

Application Instructions:

- Applications must be postmarked by July 1st.
- Applications postmarked after July 1st will be considered for the following school year.
- Incomplete application packets (those missing any of the above – listed enclosures) will not be considered.
- It is the responsibility of the applicant to ensure that the application packet – complete with all enclosures – has been delivered to the WSCFF office.

Please send completed application and enclosures to:

Forever Heroes Foundation Scholarship
4145 Belt Line Rd Suite 212-283
Addison, TX 75001

Forever Heroes Foundation

SCHOLARSHIP APPLICATION

Please type or print clearly

Name:

First

MI

Last

Address:

Number and Street

City

State

Zip Code

Email Address

Telephone

Age

Name of Family Member Injured or Deceased

Family Member's Employer at the Time of the Accident

High School:

GPA:

College to Attend:

Free Application for Federal Student Aid (FAFSA) attached:

Yes:

No:

School Activities: (Please provide contact names, phone numbers and / or email addresses.)

Community Service Activities: (Please provide contact names, phone numbers and / or email addresses.)

Honors / Awards Received: (Please provide contact names, phone numbers and / or email addresses.)

Optional - Please tell us about your family member that was injured or killed and how that has affected your life.

Applicant's Signature:

Date:

Parent / Guardian Signature:

Date: