Forever Heroes Foundation

2019 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
 - o Injured in the line of duty and deemed 100% disabled
 - o 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 TBD.
- Applications postmarked after TBD will not be considered.
- 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

2019 SCHOLARSHIP APPLICATION

Please type or print clearly

Name:							
-	First	MI	l	ast			
Address:							
	Number and Street		City	St	ate	Zip Code	
Email Address		_	Telephone			Age	
Name of Fa	ımily Member Injured or Deceased	Family	Member's Employ	er at the Time	of the	Accident	_
High Schoo	l:			GPA:			
College to A	Attend in Fall 2017:						_
Free Applic	ation for Federal Student Aid (FAFS	A) attache	d: Yes:		No):	
School Acti	vities: (Please provide contact nam	nes, phone	numbers and / or	email address	es.)		
							_
Community	y Service Activities: (Please provide	e contact na	ames, phone numl	pers and / or e	email a	ddresses.)	
Honors / A	wards Received: (Please provide c	ontact nam	nes, phone numbe	rs and / or em	ail add	resses.)	
							_
Optional - I	Please tell us about your family me	mber that v	was injured or kille	ed and how th	at has	affected your life.	
Applicant's	Signature:				Date	e:	
Parent / Gu	uardian Signature:				Date	e:	