



CHILDREN OF FALLEN PATRIOTS FOUNDATION

COLLEGE FOR THEIR CHILDREN

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WWW.FALLENPATRIOTS.ORG

FAMILY ENROLLMENT FORM

Please keep in mind that Children of Fallen Patriots Foundation fairly considers all submitted grant requests. Grant amounts are determined based on available budget and demand and can never be guaranteed.

*** THESE FIELDS ARE MANDATORY IF AVAILABLE**
COPY BACK OF FORM IF MORE THAN FOUR CHILDREN. INCLUDE CHILDREN'S CONTACT INFORMATION IF DIFFERENT FROM FIRST PAGE.

DECEASED MEMBER

* FULL NAME (MILITARY MEMBER)

DATE OF BIRTH

* DATE OF DEATH

* MALE

* FEMALE

CAUSE OF DEATH

MILITARY UNIT

* RANK

* MILITARY SERVICE:

ARMY

NAVY

AIRFORCE

MARINES

COAST GUARD

ACTIVE DUTY

RESERVE

NATIONAL GUARD

SPOUSE/PARENT/GUARDIAN INFORMATION

* FULL NAME

* ADDRESS

ADDRESS

* CITY

* STATE

* ZIP

* EMAIL

* RELATIONSHIP TO DECEASED

DATE OF BIRTH

* HOME PHONE

WORK PHONE

MOBILE PHONE

DATE FORM COMPLETED

HOW DID YOU HEAR ABOUT US?

PLEASE ENTER CHILDREN'S INFORMATION ON REVERSE.

INFORMATION: CHILD ONE (PROVIDE CONTACT INFO ONLY IF DIFFERENT FROM FIRST PAGE)

* FULL NAME			
ADDRESS			
CITY	STATE	ZIP	EMAIL
* RELATIONSHIP TO DECEASED	* BIRTH DATE		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
HOME PHONE	WORK PHONE	MOBILE PHONE	
CURRENTLY ATTENDING COLLEGE <input type="checkbox"/>	PLANS TO ATTEND COLLEGE <input type="checkbox"/>	HAS GRADUATED FROM COLLEGE <input type="checkbox"/>	UNCERTAIN <input type="checkbox"/>

INFORMATION: CHILD TWO (PROVIDE CONTACT INFO ONLY IF DIFFERENT FROM ABOVE)

* FULL NAME			
ADDRESS			
CITY	STATE	ZIP	EMAIL
* RELATIONSHIP TO DECEASED	* BIRTH DATE		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
HOME PHONE	WORK PHONE	MOBILE PHONE	
CURRENTLY ATTENDING COLLEGE <input type="checkbox"/>	PLANS TO ATTEND COLLEGE <input type="checkbox"/>	HAS GRADUATED FROM COLLEGE <input type="checkbox"/>	UNCERTAIN <input type="checkbox"/>

INFORMATION: CHILD THREE (PROVIDE CONTACT INFO ONLY IF DIFFERENT FROM ABOVE)

* FULL NAME			
ADDRESS			
CITY	STATE	ZIP	EMAIL
* RELATIONSHIP TO DECEASED	* BIRTH DATE		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
HOME PHONE	WORK PHONE	MOBILE PHONE	
CURRENTLY ATTENDING COLLEGE <input type="checkbox"/>	PLANS TO ATTEND COLLEGE <input type="checkbox"/>	HAS GRADUATED FROM COLLEGE <input type="checkbox"/>	UNCERTAIN <input type="checkbox"/>

PARTNER OPT-IN

☐ Fallen Patriots proudly partners with carefully vetted organizations who serve and support military families with additional services we do not offer. By checking this box, you are giving Fallen Patriots permission to share your contact information with our partners in hopes to provide additional resources and assistance to your family. Please be aware that Fallen Patriots does not control how these partners process your personal data. We encourage you to review the privacy policies of these partners for more information about their privacy practices.

CURRENT PARTNERS

Tragedy Assistance Program for Survivors (TAPS)
Veterans Benefits Administration (VBA)