

Application Summary of: ████████████████████

Program Name:

Activity Log

Activity Log

*Do you have any activities to log?

1. HE Applicant Information

* Did the applicant/student receive funds from the Folds of Honor HIGHER EDUCATION Scholarship for the 2019-20 academic year?

Applicant Information - Higher Education Scholarship

Please answer the questions in this section with the STUDENT information: (for Folds of Honor purposes, the STUDENT is the APPLICANT)
*Applicant's FULL FIRST NAME:(student applying for the scholarship)(DO NOT USE HYPHENS OR EXTRA SPACES! Example: JohnMichael)

*Applicant's FULL MIDDLE NAME:(enter "NO" if student does not have a middle name)(DO NOT USE HYPHENS OR SPACES! Example: EmmaElizabeth)

*Applicant's FULL LAST NAME: (DO NOT USE HYPHENS OR SPACES! Example: SmithThompson)

Suffix:

*Relationship to service member:

1. HE Applicant Information

DEPENDENCY NOTE:

If applicant is step-child: must provide an official copy of the marriage license between birth parent and service member as well as Proof of Dependency Document for applicant/student.

If applicant is adopted: must provide copy of legal adoption document as well as Proof of Dependency Document for applicant/student.

If applicant is legal ward: must provide copy of legal document verifying custody/guardianship as well as Proof of Dependency Document for applicant/student.

****REQUIRED UPLOAD 1: Proof of Dependency Document: *ONE of the documents below is required**

- Birth certificate - Certified copy (must be state-issued with seal and signature, must list service member as parent)
- Dependent military ID (must include BOTH sides and list service member student is applying under)

REMINDER: each upload bar only holds one file (scanned page) per bar

(a) Additional Proof of Dependency Document
Upload: ***REMINDER: each upload bar only holds one file (scanned page) per bar***

(c) Additional Proof of Dependency Document
Upload: ***REMINDER: each upload bar only holds one file (scanned page) per bar***

IMPORTANT DEMOGRAPHICS QUESTIONS: The questions below are important to help us better serve the needs of our families. Please answer the questions as they pertain to the applicant/student in which you are completing the application on behalf of.

***Applicant's Gender:**

***Applicant's Date of Birth:(MM/DD/YYYY)**

***Are you a first generation college attendee?**

***Family Economic Status: (Optional)**

***Annual Household Income:**

***Applicant's Ethnicity:**

Tribal Affiliation: (if applicable)

APPLICANT (Student) ADDRESS:

***Required**

1. HE Applicant Information

*Applicant's **Street Address**:(Include Apt. #)

*Applicant's **City**:

*Applicant's **State OR Province**:

*Applicant's **Zip**:

*Applicant's **County**

(**NOT COUNTRY**):*Residents in VA with no county, please re-enter city name.*Residents in LA, please enter parish name.*International residents, please enter county; if none, please re-enter city name.

***Phone Number**:(XXX-XXX-XXXX)

International Phone Number:

***Email Verification**:(*MUST be the same email address used to log into this account*)

EMAIL NOTE: The email used to log into this application account is where ALL communication regarding this application will be sent. This email should be checked **REGULARLY!** If your primary contact email or any other contact information changes, it is **YOUR** responsibility to go the the "Scholarships" page of our website, foldsofhonor.org, to find instructions for updating your contact information. Instructions can also found on the landing page of this system, fohscholarships.communityforce.com.

Please proceed to School Information Section.

2. HE School Information

*Higher education institution type this application is for:

Educational Institution Information - Higher Education Scholarship

Please answer the questions in this section with the **Educational Institution** information:
(for Folds of Honor purposes, the **EDUCATIONAL INSTITUTION** is the University, College, Community College, Technical Program or Certificate Program)

***Name of Educational Institution**:(**Important Note:** Please type the full name of the university, college, community college, technical school OR certificate school without abbreviations.)

2. HE School Information

*Street Address or P.O. Box: **(Important Note: Please make sure you are providing the billing address where payments are received, not the physical address.)**

*City:

*State or U.S. Territory: **(Country, if an international address)**

*Zip:

*Educational Institution Phone Number: **(XXX-XXX-XXXX)**

*Educational Institution Website:

*Name of Contact Person at Educational Institution: ***This person should be someone who can answer questions about your school for approval purposes, if needed.**

*Email of Contact:

*What grade level will applicant/student enter in **Fall 2020?**

If you are currently enrolled in a higher education learning institution, please note the following:

- **you must maintain above a 2.0 TERM GPA (not cumulative).**
- if you have earned below a 2.0 for the last two terms you have attended, you are **NOT** eligible for the 2020-2021 Folds of Honor Scholarship.
- if you have earned below a 2.0 for **only** the last term you attended (not two consecutive terms), you will be placed on Academic Probation with Folds of Honor but you are still eligible for the application.

*Will you be a full-time or part-time student in the 2020-2021 academic year? ***Folds of Honor considers full-time to be at least 12 credits per term.**

*What is your field of study?

Please proceed to Service Member Information Section.

3. HE Service Member Information

Service Member Information - Higher Education Scholarship

Complete this section with information about the service member the student/applicant is a dependent of.

3. HE Service Member Information

*Has the service member information changed from the 2019-2020 application?

*Is the service member deceased?

*What is the deceased service member's classification?

*What is the service member's classification?

****Upload proof of service document; must be a DD1300:**

****Upload proof of service document; must be a DD214**

Additional upload proof of service document (DD214):

****Upload Active Duty Assignment documentation:**

Additional upload Active Duty Assignment documentation:

****Upload Purple Heart letter/certificate/document: MUST PROVIDE DOCUMENTATION IF CLASSIFICATION IS ACTIVE DUTY.**

****Upload VA Benefit Summary Letter that shows at least 10% service-connect disability; MUST BE REQUIRED FORM AS NOTED IN INSTRUCTIONS ABOVE: **(Deceased post-separation classification must upload VA Benefit Summary Letter that shows last service-connected disability rating OR student's DEA VA letter.)***

Additional VA Benefit Summary Letter Upload:

***What is the service member's Combined Service-Connected Evaluation (disability percentage) from service member's current VA Benefits Summary Letter? **Select the "COMBINED SERVICE-CONNECTED EVALUATION PERCENTAGE" that matches what is listed on the VA BENEFIT SUMMARY LETTER.**
(Please select last combined service-connected evaluation percentage for deceased post-separation classification.)*

3. HE Service Member Information

Does/Did your service member have a documented Purple Heart? **If you answer "Yes" you must upload documented proof to substantiate.

Does/Did your service member suffer from the loss of a limb/amputee?(major limb; hand, arm, foot, leg)**If you answer "Yes" you must upload documented proof to substantiate.

***SERVICE MEMBER'S FIRST NAME:**

***SERVICE MEMBER'S MIDDLE NAME (enter "NO" if no middle name):**

***SERVICE MEMBER'S LAST NAME:**

***SERVICE MEMBER'S GENDER:**

***SERVICE MEMBER'S BRANCH OF SERVICE:**

If additional service was completed and the service member's rank changed from what is reflected on the DD214, official military documentation is required to support this. - ie. service member's military ID.

***TOTAL YEARS OF MILITARY SERVICE: (MUST MATCH YEARS ON THE DD214)**

Additional years of service upload:

What operation(s) was service member a part of and/or where was service member deployed?**If service member wasn't a part of any operation(s) or deployment, please enter "none".

Please proceed to Essay Questions Section.

4. HE Essays

Essay Questions - Higher Education Scholarship

Complete this section with answers as they pertain to the student/applicant and the service member in the application. The questions are intended for Folds of Honor to learn more about you and your service member (and family). Please share as much as you are comfortable sharing. These types of answers are extremely helpful when special opportunities may become available.

4. HE Essays

*

In 1-2 paragraphs, tell us about your service member. The first paragraph should be about the service member's military career (years served) and achievements. What was their job? Did they receive honors, awards or decorations?

The next paragraph should be about your service member as a parent and person. What are they doing now? Do you have any stories to share? Please add any other information you'd like to share about the service member. This information is very helpful should you choose to attend special events, be a highlight recipient, or agree to have your scholarship sponsored by one of our generous corporate donors.

*

In 1-2 paragraphs, please tell us about yourself.

Use any or all of the topic helpers below:

What makes you special and unique? What would your friends tell us about you? What would your family tell us about you?

What are 5 words that best describe you and why? What are your hobbies, future goals, favorite things to do, etc.? What makes your family special?

What impact has the service member had on you?

Please add anything additional you would like to share about yourself.

*

In 1-2 paragraphs, please tell us what your future plans are? If you're offered a scholarship from Folds of Honor, how will it help you in your academic journey? How is your story different/unique/special from other college students? How could Folds of Honor impact you?

5. HE Survey Questions

Survey Questions - Higher Education Scholarship

Complete the questions in this section according to the interests of the student/applicant.

My interests include:

*My interests include:

I give permission to Folds of Honor to use my (and/or our family's) name, story and/or photo(s) for the purpose of promoting the Folds mission. This may include any or all of the following: social media outlets, brochures, events, and/or news outlets.

*Response:

5. HE Survey Questions

I am interested in attending special events on behalf/in honor of Folds of Honor:

**A Folds of Honor representative will contact you for your availability should an event be scheduled in your area.*

***Response:**

Folds of Honor is honored to receive generous gifts from corporate partners. Without these valuable partnerships, many of our scholarships would not be possible. Oftentimes, the donor would like to be connected to the scholarship recipient whom they help fund. If offered an award and matched to a corporate donor, do you give permission to Folds of Honor to share your contact details with the matched donor?:

***Response:**

Do you give permission to Folds of Honor staff to discuss your account with your parents or other authorized individuals who call/email on your behalf? *If yes, please list the full names below (separated by commas) of the authorized individuals.

***Response:**

***Enter names, separated by commas:**

Required Electronic Signature

By entering this digital signature, I am confirming all responses selected above.

***Signature:**

6. HE Application Review

Application Review - Higher Education Scholarship

*Please read each of the statements in this section carefully. If you have questions, please visit the scholarships [website](http://www.foldsofhonor.org/scholarships) (www.foldsofhonor.org/scholarships) and review the application information and FAQ's or email the scholarships department at scholarships@foldsofhonor.org for clarification **before** submitting the application.*