



FREEDOM ALLIANCE SCHOLARSHIP FUND

Honoring the Sons and Daughters of America's Military Heroes

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www.fascholarship.com

2018 - 2019

BLUE FORM

CONDITIONS AND DETAILS OF SCHOLARSHIP AWARD

Your Freedom Alliance scholarship grant is for the 2018-2019 academic year (September 1, 2018 – August 31, 2019) and is subject to the conditions listed below.

The scholarship must be used for tuition, fees, campus room and board, books, and other institutional charges as defined by the financial aid administrator of your school.

Scholarship funds will be paid to your school after the school has returned to us the Verification of Student Enrollment form, which verifies that you are enrolled as a full-time student, and states your academic year expenses as defined above. Upon receipt of the completed form, Freedom Alliance will forward your scholarship payment directly to the school in which you are enrolled. We will send one payment for the academic year. The payment shall be applied to each semester/quarter/trimester per the guidelines established by the school you are attending. If you have already received other grants and awards which exceed the total of authorized school expenses, this scholarship may be reduced or withdrawn.

If you transfer or withdraw from the school to which this scholarship grant is paid, it must be refunded to Freedom Alliance. The scholarship will be terminated and funds must be sent back to Freedom Alliance if you do not remain in satisfactory academic standing as defined by the school you are attending. It will also be terminated if you do not remain in good disciplinary standing as defined by the code of conduct and the rules and regulations governing the behavior of students at the school you are attending. It will be terminated if you are found guilty of a violation of any civil code.

Submit the following to the school you are attending:

1. **Verification of Student Enrollment, Expenses and Aid** form (yellow form) – you must complete Part 1 and your school must complete Part 2 and return it directly to Freedom Alliance (no substitute forms accepted).
2. A signed copy of the **Conditions and Details of Scholarship Award** (this form).
3. Request that a copy of your last official transcripts be sent to Freedom Alliance.

Submit the following to Freedom Alliance:

1. Signed copy of the **Conditions and Details of Scholarship Award** (this form). Your signature indicates that you have read and understand the conditions and details and that you accept them as conditions for payment of your scholarship.

It is your responsibility to make a sufficient number of copies of all documents to fulfill the conditions of your scholarship award. Remember, in order for your scholarship to be paid, we must receive: (1) from you, a signed copy of this Conditions and Details of Scholarship Award form, (2) from your school, the Verification of Student Enrollment, Expenses and Aid form and (3) a copy of your transcript.

Date: _____
 REQUIRED

Name (print): _____

Signature: _____
 REQUIRED

Email Address: _____

Permanent Home Address:

Address at School (Dorm/Apt):

Mobile Phone: _____

RELEASE OF INFORMATION

PART I: I, _____, do hereby give Freedom Alliance, the Freedom Alliance Scholarship Fund, and all of their business affiliates, its assigns, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, digital image, or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other legal purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I also acknowledge that by accepting the scholarship grant, Freedom Alliance and the Freedom Alliance Scholarship Fund have permission to use a photo, information and accounts of my situation, and the situation of my family members for its marketing and program purposes. Furthermore I acknowledge that I will use the funds given to me only for expenses related to pursuing a higher education. I am over eighteen (18) years of age and have read the above authorization and release prior to its execution.

PART II: Freedom Alliance works with other non-profit organizations to honor military families like yours by providing scholarships. By checking "YES", you authorize Freedom Alliance to pursue other scholarship opportunities for which you may be eligible. We are working together to ensure you get the most financial assistance possible.

YES; please share my information with other non-profit organizations

NO; do not share my information with other non-profit organizations

Signature

(Parent or Legal Guardian Signature if participant/attendee is under eighteen (18) years of age)

Printed Name

Date

PERSONAL STATEMENT

Please tell us what it means to you to receive a Freedom Alliance Scholarship (we may share your answer with our supporters who generously donate to this fund):