



**Screaming Eagle Foundation**

**32 Screaming Eagle Boulevard**

**Fort Campbell, KY 42223**

**Tel: 931.431.0199**

**Fax: 931.431.0195**

**101exec@screamingeagle.org**

**www.screamingeaglefoundation.org**

**2021 Screaming Eagle Surviving Children’s Scholarship Application**

**Please Enclose with Application**

- Quality photo of applicant child and quality photo of family with service member
- Orders showing assignment to the 101st ABN or Ft. Campbell units from FORSCOM or MEDCOM
- A document to establish eligibility such as a DD Form 1300, Purple Heart orders, Medical Retirement orders or a VA combat related disability rating due to service in GWOT (SSN redacted)
- A document to establish a relationship between applicant and the Service member
- Acceptance letter or current enrollment for college age applicants
- A single document such as an ORB or ERB may accomplish assignment and receipt of the Purple Heart
- If there is a question on eligibility call the Screaming Eagle Foundation or email at the contact above

**Applicant’s Full Name:** (Last, First, Middle) \_\_\_\_\_

DOB: (D, MM, YYYY) \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Parent’s Full Name:** \_\_\_\_\_

Street Address (If different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Service Member’s Full Name:** \_\_\_\_\_ Rank: \_\_\_\_\_

Unit: (CO/TRP/BTY, BN, BCT, DIV) \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Deceased: Yes \_\_\_\_\_ No \_\_\_\_\_ Hostile \_\_\_\_\_ Non-Hostile \_\_\_\_\_

Wounded: Hostile \_\_\_\_\_ Non-Hostile \_\_\_\_\_ Illness: Yes \_\_\_\_\_ No \_\_\_\_\_

LOD: Yes \_\_\_\_\_ No \_\_\_\_\_ Purple Heart Medal Awarded: Yes \_\_\_\_\_ No \_\_\_\_\_



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**529 College Savings Institution:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ 529 Account Number: \_\_\_\_\_

**University/ College/ School:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

**Letter:**

Applicants should provide a one page letter addressed to the Screaming Eagle Foundation concerning, "What this scholarship means to me." The letter is preferred to be typed but it may be neatly hand written. The letter should be based on how the scholarship matters or changes the life of the service member's child and surviving family. The letter **must be hand signed by the applicant or parent or guardian who is applying** on the child's behalf. The following are the preferred examples for each paragraph of the letter:

- A brief bio or introduction of the applicant, describe the family, applicant's interests, goals or hobbies
- Provide a brief description of how the Service Member's injury or death has affected the child and family
- Briefly describe what type of challenges or hardships that are faced as a family
- What receiving a Screaming Eagle Foundation Surviving Children's Scholarship would mean to the child and family and how it impacts their future

In consideration of the scholarship, the recipient agrees to provide the Screaming Eagle Foundation notification of changes of address or contact information as well as notification of the year of graduation, the degree or certificate awarded and by which institution. This information should be forwarded to the Executive Director, Screaming Eagle Foundation at [101exec@screamingeagle.org](mailto:101exec@screamingeagle.org)

**Privacy Release:**

I give the Screaming Eagle Foundation permission to use our photographs and our family's story and for purposes of promoting The Screaming Eagle Surviving Children's Scholarship. I understand and give permission to the Screaming Eagle Foundation to share our story and photos with their Patriot Foundation partners for use in continuing the scholarship program. I understand that I will be contacted annually to track the academic progress of the scholarship recipient and maintain the recipient's contact information.

Signature: \_\_\_\_\_ Date: (D, MM, YYYY) \_\_\_\_\_