



Screaming Eagle Foundation

PO Box 929

Fort Campbell, KY 42223

Tel: 931.431.0199

Fax: 931.431.0132

101exec@screamingeagle.org

www.screamingeaglefoundation.org

501 (c) 3

2023 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, 5th SFG, 160th SOAR, or other FT. Campbell Units
- 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: _____

Expected date of graduation: Month/Year High School: _____ College: _____

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 handwritten. 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

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) _____