FREEDOM ALLIANCE SCHOLARSHIP FUND

Educating the Children of Military Heroes

Healing the Wounds of War

FREEDOM ALLIANCE
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Winchester, Virginia 22601
800-475-6620 × 301
Dawn.Brown@freedomalliance.org

2026-2027 Verification of Student Enrollment, Expenses and Financial Aid

INSTRUCTIONS:

STUDENT: *Complete Part 1.* Present this form with a copy of your scholarship award letter (the eligibility email) to the school you are attending. You do not need to fill out the FAFSA to receive this scholarship.

SCHOOL: *Complete Part 2.* Return this form to Freedom Alliance to the mailing address or email address shown in the upper right corner. No substitute forms, please. The complete name and address of the school, including the office to which scholarship payment should be mailed, must be provided.

Part 1 - Student

Student Name | Last four digits of SSN | Student ID Number

2026-2027 Class: ❑ Freshman ❑ Sophomore ❑ Junior ❑ Senior

Major | Expected Month / Year Graduation

Part 2 - School Use

Financial Aid Office - Please attach a business card with this form.

I verify the full-time enrollment/pre-enrollment of the student listed above: ❑ Yes ❑ No

Name of School

Name & Address of Office to Send Scholarship Payment

City | State | Zip

Expenses Listed are: ❑ Annual ❑ One Semester Only

AUTHORIZED EXPENSES 2026-2027 ACADEMIC YEAR	OTHER GRANTS, AWARDS & SCHOLARSHIPS 2026-2027 ACADEMIC YEAR *Do Not Include Student Loans or VA Benefits*
Tuition & Books $	Pell Grant $
Room & Board $	SEOG $
Transportation $	State Grant $
Other Institutional Charges $	Other Scholarship $
Total $	Total $

Signature of Authorized Representative | Title | Date

Email | Phone Number