



Grant Questionnaire

Please Return to:

Fax: 858.793.5357

Email: info@freedomisnotfree.com

Mail: Freedom Is Not Free
11578 Sorrento Valley Road
Suite 30
San Diego, CA 92121

Full Name:

Phone Number:

Social Security Number:

Email:

Address:

Date of Birth:

Branch of Service:

Rank/MOS:

Military Training/Service History:

Description of Injury:

Disability (if any):

TSGLI Received: (Y/N)

If yes, amount:

If no, reason:

Hometown:

Marital Status:

Civilian Occupation (if applicable):

Current Financial Situation:

Nature of your request (Must be directly related to your combat injury(s); please provide copies of ALL bills you want us to consider with your request.)

If applicable, please list all organizations that have previously provided assistance and the nature of that assistance.

Organization name:

Organization point of contact:

Phone:

Email:

Please provide at least one military and one VA or WTU reference **familiar with your situation.**
Examples are: current/former commanding officer; case manager; social worker; psychologist.

Rank or Title:

Name:

Phone:

Email:

Address:

If you receive a grant from Freedom Is Not Free, what are your future plans?

Please include any other references, facts, documents or relevant information that you believe will assist Freedom Is Not Free in finding sufficient evidence to fulfill your request for assistance. Thank you.