



Please return to:

Fax: 858-793-5357

Email: info@freedomisnotfree.com

Mail: Freedom is Not Free
11578 Sorrento Valley Rd., Ste. 30
San Diego, CA 92121

Grant Questionnaire

Full Name:

Phone Number:

Social Security Number:

Email:

Address:

Date of Birth:

Branch of Service:

Rank:

Military Training / Service History:

Description of Injury:

Disability:

Hometown:

Marital Status:

Occupation:

Current Financial Situation:

What Is Your Request: (Must be service injury related; please provide copies of bills if possible)

If applicable, please list any organizations that have provided assistance and how:

Organization:

Contact Name:

Phone:

Email:

Please provide at least one reference for someone familiar with your situation. This could be a current or former Commanding Officer, a Case Manager from a military medical center, etc.:

Contact Name

Rank or Title:

Phone:

Email:

Address:

If you receive a Grant from Freedom Is Not Free, what are your plans for the future:

Please include any other references, facts, documents or information that you believe might assist Freedom Is Not Free in responding to your Grant request. Thank you!