



# THE GREATEST SACRIFICE

A FOUNDATION IN MEMORY OF LORI MYCHAJLIW

## **Bereavement and Educational Assistance Application**

Please complete this confidential form and mail to: The Greatest Sacrifice, 10401 Old Georgetown Road, Bethesda Maryland 20814. It may also be emailed to [SacrificeInfo@TheGreatestSacrifice.org](mailto:SacrificeInfo@TheGreatestSacrifice.org). Scholarship applications should be completed by May 31 for consideration for the following school year. Bereavement counseling assistance is considered on a case by case basis. For scholarship assistance The Greatest Sacrifice will release funds to schools, not individuals.

### ***PERSONAL INFORMATION***

1. Applicant's Name: \_\_\_\_\_

2. Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Mailing Address:  
(If different from above) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Phone Number: \_\_\_\_\_

5. Email: \_\_\_\_\_

6. Date of birth: \_\_\_\_\_

7. Social Security Number: \_\_\_\_\_

8. Citizenship: \_\_\_\_\_

9. The intended use of the educational scholarship:

- Accredited University/College
- Private/Parochial High School
- Private/Parochial Middle School
- Private/Parochial Elementary School
- Early intervention program/pre-school program
- Other (please specify \_\_\_\_\_)

Name and Address of school or program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. If applying for bereavement assistance please state your needs, estimated expenses if known and if you need assistance obtaining these services

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. If you wish to be identified as a particular ethnic group, please check all that apply: (optional)

- African American, Black
- Asian American (country of family's origin \_\_\_\_\_)
- Asian, including Indian Subcontinent (country \_\_\_\_\_)
- Hispanic, Latino (country \_\_\_\_\_)
- Mexican American, Chicano
- Native Hawaiian, Pacific Islander
- Native American, Alaska Native (Tribal affiliation \_\_\_\_\_)
- Puerto Rican
- White or Caucasian
- Other (please specify \_\_\_\_\_)

12. Relationship to the victim: \_\_\_\_\_

13. Deceased name: \_\_\_\_\_

14. Deceased date of birth: \_\_\_\_\_

15. Cause of death \_\_\_\_\_

16. Deceased occupation \_\_\_\_\_

17. Place of employment \_\_\_\_\_

And dates of employment \_\_\_\_\_

18. Deceased's Social Security number \_\_\_\_\_

**ACADEMIC HISTORY** (Complete for educational assistance)

1. Name of current school \_\_\_\_\_

2. Date of entry \_\_\_\_\_

3. Address of school \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Current GPA \_\_\_\_\_

5. Academic Awards \_\_\_\_\_

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6. Non-Academic Awards

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7. Extra-Curricular Activities

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8. Name of School for Requested funds

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10. Cost of annual tuition

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**FUNDING INFORMATION**

1. Amount of funds requested

\$ \_\_\_\_\_

2. Are you receiving funds from any other source?

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If yes, please specify including amounts

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3. Annual income of surviving parent or guardian, including life insurance, will or trust proceeds:

\$ \_\_\_\_\_

4. Estimated total net worth of parent/guardian, including real estate, investments and trusts:

\$ \_\_\_\_\_

5. Annual income of applicant, including life insurance and will/trust proceeds:

\$ \_\_\_\_\_

6. Estimated total net worth of applicant, including real estate, investments and trusts:

\$ \_\_\_\_\_

7. Please provide a copy of your most recent tax return (1040) and the death certificate. This is required in order for your application to be considered for a grant. You can attach it via email or submit by mail to:

The Greatest Sacrifice  
10401 Old Georgetown Road  
Suite 307  
Bethesda, MD 20816

**ESSAY SECTION** (for educational assistance)

In the space provided below, please write a 100 word essay stating why you deserve TGS scholarship and how it will help you achieve your future goals. If the applicant is under 12 years of age, the applicant's guardian may write the essay for them. Please state the author of the essay.

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