



FERRO FOUNDATION VETERAN & SENIOR CARE PROGRAM

Applicant: Please complete ALL sections of this application. Use N/A if a question does not apply. Type/print using black ink.

**Mail complete application package to: The Ferro Foundation -
ATTN: Veteran & Senior Care Program
70 Mall Drive, Commack, NY 11725 – 516-396-9088 – info@ferrofoundation.com**

I. Personal

A. Name:

Last First Middle

Address: Home

Street City State Zip

B. Telephone: _____ **Email:** _____

C. Date of Birth: _____

D. Years In Service: _____

E. Are you a non-profit? _____ (Yes or No)

F. What other type of assistance are you receiving? If none, write N/A.

II. Military Branch Information

A. Provide the branch of military

B. Stations & Years of Service

III. Additional Information

Answer the following question:

Personal Statement:

The personal statement must not exceed 500 words and include a persuasive reason as to why you are in financial need for home improvement repairs or modifications.

I agree that the Board of Directors of The Ferro Foundation, Inc and/or representatives designated by the Board of Directors may: use the application and all attachments for the purposes of evaluation and selection; obtain any additional information necessary for processing this application; and maintain this application and supporting information on file. I further agree that the information provided is true and not misleading, and if approved, I will abide by the agreement of the scholarship.

Signature: _____ Date: _____

RULES AND REGULATIONS

Eligibility:

1. Must be a Long Island, NY Resident.
2. Must be either a senior citizen or a veteran.
3. Personal Statement must be at least 500 words.
4. Must provide valid documentation of status and financial need.

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