



# The Brendan Looney Foundation

## Wounded Warriors

“Navy 40”

### Camp Scholarship Application

*Service \* Honor \* Commitment*

*If applicant is age 12 or under, an essay is required from parent/guardian. See essays below.*

#### **Applicant:**

First name \_\_\_\_\_ Last name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

#### **Parent/Guardian of Applicant Contact information:**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Service Member’s Information:**

Wounded Warrior    Date of discharge \_\_\_\_\_

Name of Service member: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address (if different from applicant) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Branch of U.S. Armed Forces: \_\_\_\_\_ State (if National Guard:) \_\_\_\_\_

Rank & Rank Title: \_\_\_\_\_

Date of enlistment: \_\_\_\_\_

Total Number of Service Years: \_\_\_\_\_ Total Number of Active Service Years: \_\_\_\_\_

List of Deployments & Dates: \_\_\_\_\_

Additional information you would like us to be aware of: \_\_\_\_\_

*To validate discharge: please include copy of DD214*

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**Camp Information** (Attach copy of camp application):

Dates & Location: \_\_\_\_\_

Cost: \_\_\_\_\_

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**ESSAYS for applicants age 13 & older**

Please complete both essays and use the following parameters: MS Word document, one (1) page, double-spaced, Times new Roman 12pt. font.

1. How has your family member's service in the U.S. Armed Forces inspired or influenced you?
2. What do you hope to get from this opportunity and how has your talent inspired you to excel?

**ESSAY for parent/guardian of applicants age 12 & under**

What do you hope this opportunity will offer your child?

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**CERTIFICATION:**

I certify that all information contained in this application is accurate to the best of my knowledge. I understand that the contents of this application are subject to verification and if found untrue will result in disqualification from consideration.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**CHECK LIST:**

- Completed BLF Application (2 pages)
- Essays (as applicable)
- Copy of applicant's camp application
- Copy of DD214

- Mail to: The Brendan Looney Foundation  
PO Box 105  
Dunkirk, MD 20754**

*Please note awarded scholarships/grants will be written directly to the Institution/Organization.*