



## 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		DO	
A. Name:	FER	KKC	)
Last	First	TDAT	Middle
Address: Home	rooi	NDA	IION
Street	City	State	Zip
<b>B</b> . Telephone:	Email:		
C. Date of Birth:			
<b>D</b> . Years In Service:			
<b>E.</b> Are you a non-profit?	(Yes or No)		
<b>F.</b> What other type of as	ssistance are you receivin	g? If none, write N	N/A.



<b>G.</b> What type of home renovations are you looking for assistance with? (The Ferro Foundation assists with small home repairs and projects in order to help keep seniveterans in their homes)	ors and
II. Military Branch Information	
A. Provide the branch of military	
<b>B.</b> Stations & Years of Service	
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III. Additiona <mark>l Information</mark>	
Answer the following question:	
<b>Personal Statement:</b> The personal statement must not exceed 500 words and include a persuasive reason why you are in financial need for home improvement repairs or modifications.	ı as to
I agree that the Board of Directors of The Ferro Foundation, Inc and/or representat designated by the Board of Directors may: use the application and all attachments f purposes of evaluation and selection; obtain any additional information necessary for processing this application; and maintain this application and supporting information I further agree that the information provided is true and not misleading, and if approviation by the agreement of the scholarship.	or the or on on file.
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.

