



FOLDS of HONOR  
FOUNDATION

Folds of Honor Foundation Scholarship  
The University of Oklahoma

\_\_\_\_\_  
Sooner ID Number

\_\_\_\_\_  
Print Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime Phone including area code

\_\_\_\_\_  
Print Full Name of individual who served in the military

\_\_\_\_\_  
Branch of the United States Military

\_\_\_\_\_  
Student's relationship to individual who served

In addition to this application, provide official military documentation of the service member's loss of life while in active service and proof of relationship to the service person.

I certify that the information on this application and the documentation provided to determine my eligibility is correct and accurate. I also give the University of Oklahoma the right to release this information as part of scholarship awards to public entities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit application and supporting documentation to:

University of Oklahoma  
Veteran Student Services  
Buchanan Hall, RM 234  
Norman, OK 73019  
(405) 325-4308  
[pingram@ou.edu](mailto:pingram@ou.edu)  
[www.veterans.ou.edu](http://www.veterans.ou.edu)