



**Texas Foster
Family Association**

MEMORIAL FUND APPLICATION

TFFA wishes to express sincere sympathy for the loss of the child in your life. Know that we stand ready to support you at this time, both emotionally and financially. Please print this application on your printer by clicking on the small printer icon in the upper right corner. Complete the application and mail to the Scholarship Chair, whose address you will find at the bottom of the application.

Caseworker's Name: _____ Phone: _____

Address: _____

Supervisor's Name: _____ Phone: _____

Address: _____

Child's Name: _____ D.O.B. _____

Date and Cause of Death: _____

Foster Parent's or Facility Name: _____

Address: _____

Phone: (_____) _____

Monument Company Name _____ Phone: _____

Address: _____

Cost: _____ Do you have a contract with monument company?
No _____ Yes _____

If yes, please attach copy of contract to this application.

Please note: The amount of the grant is currently limited to \$250.

Mail all documentation to
TFFA SCHOLARSHIP CHAIR
JStuddard@tellcon.net
9211 FM 711 / Center Texas 75935
936-275-3547