Request for Financial Assistance
for a Texas
Law Enforcement Officer
or Fire Fighter

The Fleetwood Memorial Foundation, a fund of the North Texas Community Foundation

306 West 7th Street, Suite 1045 • Fort Worth, TX 76102
P 817.877.0702 • F 817.632.8711
www.fleetwoodmemorial.org
Lmund@NorthTexasCF.org
REQUEST FOR FINANCIAL ASSISTANCE

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The Fleetwood Memorial Foundation Fund is part of the North Texas Community Foundation and was established to consider grants for financial assistance to Certified Texas Peace Officers and Fire Protection Personnel who suffer from an injury in the line of duty*. Assistance grants are also considered for the family of any Certified Texas Peace Officer or Fire Protection Personnel whose death or permanent disability is line of duty related. This request for financial assistance will be reviewed by the Community Foundation, based on information on this form and on independent inquiries made by the Foundation.

All requests for assistance will be evaluated based on need and circumstances, without regard to race, color, national origin, religion or gender.

THE INFORMATION ON THIS FORM MUST BE COMPLETED AND SUBMITTED BY THE AGENCY THE INJURED OR DECEASED PERSON WAS WORKING FOR AT THE TIME OF THE ACCIDENT.

PLEASE RESPOND TO ALL APPLICABLE QUESTIONS

Section 1  (*this information pertains to the officer/fire fighter involved*)

1. Full Name:          2. Birthdate: ____________________________
    (Last)   (First)   (MI)   (M/ D/ Y)

3. Address: __________________________________________________________
    (Street)________________________________________________________
    (City)    (State)   (Zip)

4. Spouse Name: ______________________________________________________
    (Last)   (First)   (MI)   (M/ D/ Y)

6. Dependent Children: ________________________________________________
    (Name)   (Date of Birth)
    (Name)   (Date of Birth)
    (Name)   (Date of Birth)
    (Name)   (Date of Birth)

   Other Dependents: _________________________________________________
    (Name)   (Date of Birth)
    (Name)   (Date of Birth)
    (Name)   (Date of Birth)

Children in College: _________________________________________________
    (Name)   (Date of Birth)
    (Name)   (Date of Birth)

College(s): _________________________________________________________

* "line of duty" does not automatically mean "on duty". No injuries considered normal worker's compensation type of injuries will be considered. (ie: slip & fall in Section V and strains during normal exercise, auto accidents while going to lunch, etc. for example are not in the "line of duty" for the purposes of awarding the grant).
6. Description, date and location of incident causing injury or death:

Date: ___________________________ Location: ___________________________

Did the incident result in death? ☐ yes ☐ no

(If the answer to the above question is “yes”, forward a copy of the death certificate)

Did incident occur during officer’s/ firefighter’s normal work shift? ☐ yes ☐ no

If “no”, where did incident occur? ___________________________________________

If answer to the above question is “no”, include details of circumstances leading up to
officer’s/ firefighter’s involvement in the incident.

Please include any newspaper articles that are available, a copy of the death certificate, if applicable,
doctor’s prognosis for duration of recovery, if applicable. Any additional information can be sent as
an email attachment to Lmund@NorthTexasCF.org or by mail to the address on the first page of this form.

Description of incident: __________________________________________

(attach additional page if necessary)

Section II  (This section pertains to information regarding the Law Enforcement Agency/ Fire Department)

1. Department Name: __________________________________________

Address: __________________________________________________________

        (Street)                  (City, State)      (Zip)

        Phone: __________________ Fax: __________________

        (Area Code)                (Area Code)

2. Name of responsible party to contact who could provide additional information regarding

this request: __________________________________________ Email: ___________________________

        Phone: __________________ Fax: __________________

        (Area Code)                (Area Code)

Section III   Please provide additional information (if known) that would help the Foundation determine the
financial needs of this individual/ family.

1. Amount of Department Life Insurance: ___________________________

   Amount of Disability Insurance: ___________________________

   Amount of other Life Insurance: ___________________________

2. Amount of Worker’s Compensation: ___________________________

   Benefits received or will be received: ___________________________
3. Amount of Federal Funds received or will be received: ____________________

4. Income from outside employment:
   Number of hours worked per week: ____________________
   Salary earned per hour: ____________________
   Amount of time expected to miss due to incident: ____________________

5. Spouse's Income: ____________________
   Will spouse miss any work to care for injured?  yes  no

I, ____________________ , ____________________ submit this form on behalf of
(Department Representative Name)                           (Title)

____________________, ____________________ and attest that all provided information is
(Officer/ Firefighter)                           (Title)
correct and factual.

Signature: ____________________                           Date: ____________________
(Department Representative)

I. Retraining for firefighters or Peace Officers
   Higher Education Grants will be considered for the retraining or rehabilitation of injured personnel if unable to return to their previous job. The injury must have been in the “line of duty”. Training costs cannot exceed the costs of instate books and tuition at a State or County institute of higher learning in the State of Texas. The recipient must proceed on a degree path and after the first semester will be paid for the hours passed the previous semester. There will be no payment for non grade-point hours, and room and board will be based on Fleetwood Memorial Foundation funds as available. Vocational training grants will also be considered on a case by case basis.

II. Educational Aid for Resident Dependent Children
   Under Section 54.204 of the Higher Education Code for the State of Texas, dependent children of a Firefighter or Peace Officer having suffered an injury in the “line of duty” resulting in disability or death are exempt from all tuition, fees and charges at any public junior or senior college in the State of Texas. Upon documentation of this exemption, the Fleetwood Memorial Foundation will consider a grant for financial assistance for housing and other needs based on the Fleetwood Memorial Foundation funds available. This assistance is contingent on the student maintaining a 3.0 GPA or higher and remaining full time and in good standing with the institution.

FOR FOUNDATION USE ONLY

Date request received: ____________________   Financial Assistance Granted:  yes  no
Reason for Grant Denial: ____________________

Grant Made Payable to: ____________________
Disbursement Date: ____________________   Amount: $ ____________________
Comments: ____________________