
NORTH TEXAS COMMUNITY FOUNDATION



Fleetwood Memorial Foundation
306 West 7th Street, Suite 1045
Fort Worth, TX 76102
www.fleetwoodmemorial.org
www.NorthTexasCF.org
Fund Manager: Susan Van Meter
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F : 817-612-6714

The Fleetwood Memorial Foundation Fund is a fund at the North Texas Community Foundation established to provide grants for financial assistance to Certified Texas Peace Officers and Fire Protection Personnel who suffer from an injury in the line of duty* resulting in disability or death. Educational Assistance** grants are considered by the Community Foundation based on information supplied on this form and from independent inquiries made by the Foundation. All requests for assistance will be evaluated without regard to race, color, national origin, religion or gender.

PLEASE RESPOND TO ALL QUESTIONS ON THIS FORM

Section I *(this information pertains to the Dependent applying for Financial Assistance)*

Full Name: _____ Birthdate: _____
(M/ D/ Y)

Home Address: _____
(Street) (Apt.#) (City, State, Zip)

Email: _____ Phone: _____

Parent: _____ Phone: _____

Parent: _____ Phone: _____

State of Texas College/University Attending: _____

College/University Address: _____

Probable Major of Study: _____ Student ID#: _____

* "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 and strains during normal exercise, auto accidents while going to lunch, etc. are not in the "line of duty" for the purposes of awarding grants from this fund).

** 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 a full time student in good standing with the institution.

Section II (this information pertains to the Officer/ Fire Fighter)

Full Name: _____ Title/ Rank: _____

Date of incident causing injury or death: _____ Did this result in death? yes no
(If yes, please include a copy of the death certificate)

Location of incident: _____

Did the incident occur during officer's/ firefighter's normal work shift?: yes no

Description of incident: _____

(include additional page if necessary)

*Please include copies of any newspaper articles that may be available or any additional information that can further evidence and describe the incident that took place.

Section III (this information pertains to the Law Enforcement Agency/Fire Department which employed the Officer)

Department Name: _____

Address: _____

Phone: _____ Fax: _____

Department Contact: _____
(department contact who can provide additional information regarding the incident that took place)

Department Contact Title/ Rank: _____

Email: _____ Phone: _____

I, _____ submit this form and attest the applicant is a dependent, or
(printed name)
was at the time of described incident causing the disability or death of the described Texas Peace Officer or
Fire Fighter and attest all the information provided in this form is correct and factual.

Signature: _____ Date: _____

Please submit completed form with a copy of your tuition waiver, proof of registration and all other supporting documentation to Community Foundation using the contact information listed on the top of page 1. If you have questions, please call Lisa Mund at 817-877-0702.