



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

**NORTH TEXAS
COMMUNITY
FOUNDATION**

Philanthropic Solutions

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

777 Main Street, Suite 2850 • Fort Worth, TX 76102

P 817.877.0702 • F 817.632.8711

www.fleetwoodmemorial.org

svanmeter@northtexascf.org

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REQUEST FOR FINANCIAL ASSISTANCE

Fleetwood Memorial Foundation, a fund at
North Texas Community Foundation
777 Main Street, Suite 2850
Fort Worth, TX 76102
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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 inquiries made by the Foundation.

Requests for financial assistance must be submitted to the North Texas Community Foundation no later than 8-weeks from the date of the incident. Funds are dedicated to help with immediate needs of injured and fallen police officers, fire personnel and their families. All requests for financial assistance will be evaluated based on need, circumstances and availability of annual funds.

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 INCIDENT.

Section 1 PLEASE RESPOND TO ALL APPLICABLE QUESTIONS (*this information pertains to the officer/fire personnel involved*)

1. Full Name:	_____	2. Birthdate:	_____
	(Last) (First) (MI)		(M/ D/ Y)
3. Address:	_____		
	(Street)		

	(City)	(State)	(Zip)
4. Spouse Name:	_____	5. Birthdate:	_____
	(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)	
Children in College:	_____		
	(Name)	(Date of Birth)	
College(s):	_____		

* "In the line of duty" does not automatically mean "on duty". No injuries considered worker's compensation claims will be considered. Slips & falls, strains during normal exercise, an auto accident while going to lunch, are not considered "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, and/or a doctor's prognosis for duration of recovery, if applicable. Any additional information can be sent as an email attachment to svanmeter@northtexascf.org or by mail to North Texas Community Foundation; 777 Main Street, Suite 2850 Fort Worth, TX 76102.

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: _____

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3. Grants, scholarships or community 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)

Forms must be completed and signed by 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.

FOR FOUNDATION USE ONLY

Date request received: _____ Financial Assistance Granted: ☐ yes ☐ no

Reason for Grant Denial: _____

Grant Made Payable to: _____

Disbursement Date: _____ Amount: \$ _____

Comments: _____