

Fleetwood Memorial Foundation Fund  
c/o North Texas Community Foundation  
777 Main Street, Suite #2850  
Fort Worth, TX 76102  
www.NorthTexasCF.org  
Fund Manager: Susan Van Meter  
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## Re-Training and Education Assistance Form

The Fleetwood Memorial Foundation Fund at North Texas Community Foundation was 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. If a Texas Peace officer or fire personnel suffers a line of duty injury that leaves them impaired or disabled and has been declared no longer able to perform their job, they may be eligible for a re-training grant to be trained in another line of work from a Texas institution. 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

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(M/ D/ Y)

Home Address: \_\_\_\_\_  
(Street) (Apt.#)

\_\_\_\_\_  
(City) (State)

(Zip)

Email:

Phone:

Name of College/University/Trade School  
enrolled:

College/University/Trade  
School Address:

(\*Must be a Texas institution; please  
include enrollment confirmation  
and/or a copy of your transcript)

Probable Major of Study:

Student ID#:

\* Please submit a copy of your tuition waiver, proof of registration and all other supporting documentation with this completed application to Susan Van Meter at the address listed at the top of this form or to the following email address: svanmeter@northtexascf.org

\* "Line of duty" does not automatically mean "on duty". No injuries considered normal worker's compensation type of injuries will be considered (ie: 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).

**Section II** (information pertaining to the injury)

Full Name: \_\_\_\_\_ Title/ Rank: \_\_\_\_\_

Date of the incident that caused the injury: \_\_\_\_\_ Did this result in loss of job? ☐ yes ☐ no

Location of incident: \_\_\_\_\_

Did the incident occur during the officer/ firefighter 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** (pertains to the Law Enforcement Agency/Fire Department who employed the injured personnel)

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 that the applicant at the time of the  
(printed name)  
incident described above, was a Texas Peace Officer or Texas Fire Fighter and that all the information provided in  
this form is correct and factual.

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

\_\_\_\_\_

If you have questions, please call or email Susan Van Meter at 817-877-0702 or [svanmeter@northtexascf.org](mailto:svanmeter@northtexascf.org).