

Request for Financial Assistance

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*. Assistance grants are also available to the immediate family if the incident resulted in death.

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

**"In the line of duty" means more than "on duty". Injury or death occurring in the line of duty refers to injury or death suffered in the course of performing those duties which involve or relate to the dangerous and hazardous aspects of the duties of peace officers and fire personnel. No assistance shall be given for things such as injuries or deaths resulting from slips and falls, normal exercise or activities, illness contracted on the job or from exposure to toxic substances that has occurred over time, or vehicle accidents, in the event same happen while on duty, but are not related to any aspect of the dangerous or hazardous aspects of the duties of peace officers or fire personnel.*

Fallen/Injured Personnel Information

Name	Title or Rank	Date of Birth	
Texas Fire Personnel or Texas Peace Officer (please check one)	Fire Personnel	Peace Officer	
Address	City	State	Zip
Phone	Email		
Please check one			
Single	Married	Cohabiting	Common Law

Spouse/Partner Information

Name

Same address as the injured or fallen personnel? YES NO

If no, please provide address.

Date of Birth Phone

Email

Dependent Children (please use a separate sheet of paper for any dependents that are unable to fit on this form)

Name Date of Birth

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

Incident Information

Please include news links and/or attach any news articles that reference the incident.

Date of Incident Location of Incident

Description of Incident & Injuries Sustained

Did incident occur *in the line of duty? (Please refer to definition on first page) YES NO

Did incident result in death? YES NO

Date of death

Where are gifts/financial support for the injured or fallen personnel being directed?

If you answered YES to the incident resulting in death, you may skip the next section regarding medical information.

