



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

501 South Fielder Road • Arlington, Texas 76013
Fax (817) 261-2368 • (817) 261-8954 Phone
Homepage: www.fleetwoodmemorial.org
E-mail: fleetwood@fleetwoodmemorial.org

6. **Description, date and location** of incident causing injury or death:
Date: _____ Location: _____

Did incident result in death? Yes _____ No _____.

(If answer to above is "Yes", forward a copy of the death certificate with this request.)

Did incident occur during officer's/fire fighter's normal work shift? Yes ___ No _____.

If no, where did incident occur? _____. Description of incident. (If answer to above question is "No", include details of circumstances leading up to officer's/fire fighter'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 may be sent as an email attachment to :

Fleetwood@fleetwoodmemorial.org or by mail to the address on the first page of this form.)

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

1. Department Name: _____

Address: _____
(Street) (City, State) (Zip)

Phone Number: _____
(Area Code) (Number)

Fax Number: _____
(Area Code) (Number)

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

Phone Number: _____
(Area Code) (Number)

Fax Number: _____
(Area Code) (Number)

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: _____
 Amt. 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: _____

The information provided herein submitted by _____
for the benefit of (officer/fire fighter) _____ and is believed to be correct
and factual.

Signed: _____ Date: _____

- I. **Retraining for Fire Fighters or Peace Officers**
 Higher Educational 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 Fire Fighter 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 will be affected by the student's academic performance.

FOR FOUNDATION USE ONLY

Date request received _____
The Executive recommends (does not recommend) a grant in the amount of \$ _____
To be disbursed by _____ payable to _____

(two signatures required)
(1) _____ (2) _____

Disbursement date _____ Amount \$ _____
Comments: _____