

The National Law Enforcement and Firefighters Children's Foundation

Request For Grant

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I hereby certify that I have full and legal custody of a child or children whose parent was killed or injured in the line of duty in their capacity as a law enforcement officer or firefighter and that the following information is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Print Name

PART A.

Name of Applicant: \_\_\_\_\_

Current address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_

Permanent address (if different): \_\_\_\_\_

\_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_

Age: \_\_\_\_\_

Name of spouse's/parent's employer at the time of his/her death \_\_\_\_\_

a) Badge Number \_\_\_\_\_ b) Unit Assignment \_\_\_\_\_ c) Date of death \_\_\_\_\_

The applicant must provide written notification confirming a line of duty death occurred from the chief executive officer of the involved agency and that the deceased officer or firefighter had dependents.

Please list any dependents of Applicant (e.g., dependent children and their ages, spouse, if applicable, other - describe):

\_\_\_\_\_

\_\_\_\_\_

Current employment and salary of all family members, if any: \_\_\_\_\_

\_\_\_\_\_

Please describe any medical problems: \_\_\_\_\_

\_\_\_\_\_

PART B.

Please list all sources of family income including any salary, investment income, social security, etc.:

<u>SOURCE OF INCOME</u>		<u>AMOUNT</u>
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
TOTAL INCOME:		\$ _____

Please list the family's major living expenses, and an estimate of costs, including housing expenses (i.e., rent or mortgage payments, utilities, etc.) medical expenses, insurance, food, transportation and other necessary living expenses:

<u>DESCRIPTION OF EXPENSE</u>		<u>COST</u>
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
TOTAL EXPENSES:		\$ _____

PART C.

Amount of grant requested: \$ \_\_\_\_\_

Please describe below the reason for the grant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_