



First Responders Children's Foundation
Request for Individual Grant

PART A.

Name of Applicant: _____

Current address: _____

Telephone number: _____

Permanent address (if different): _____

Date of birth: _____ email address: _____

Are you, or is your spouse/parent an active duty first responder? _____

Your relationship to the active duty first responder? _____

Name of the first responder department where you or your spouse/parent is employed:

a) Badge Number _____ b) Unit Assignment _____

Are you a parent/child/spouse of a first responder who has suffered a tragedy? _____

Name the first responder employer at the time of his/her death or permanent disability:

a) Badge Number _____ b) Unit Assignment _____

Your relationship to the first responders who has suffered a tragedy? _____



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

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

Signature of Applicant or Legal Guardian _____

Date _____

Print Name _____

PART B.

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

SOURCE OF INCOME

AMOUNT

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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.).

<u>DESCRIPTION OF EXPENSE</u>	<u>COST</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL EXPENSES: \$ _____

PART C.

Amount of grant requested: \$ _____

Please describe below the purpose for the grant (how the money is to be used):

How did you hear about the CSX Pride In Service Individual Grant?