

Texas Fire Fighters Emergency Relief and Scholarship Fund

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Emergency Relief Application

The Texas State Fire Fighters Emergency Relief and College Scholarship Fund, Incorporated, provides emergency relief monies in certain hardship situations to the eligible fire fighters or their survivors in \$500 increments. No individual may receive more that \$1000 for any single hardship or event. You must apply for an initial \$500 within 90 days of an event which resulted in your hardship. You must request any second \$500 you wish to receive within 90 days after receipt of any initial \$500. All eligibility determinations, which are made by the Fund's Board of Directors, are final.

To help the Board determine whether you are eligible for emergency relief, please provide the following information. **Please type or print legibly.** Thank you.

Personal Information

Applicants Name

Cell

Address

Telephone (work)

City

State

Zip Code

Is applicant certified by the Texas Commission on Fire Protection as a fire fighter?

Yes

No

If yes, please enter TCFP Pin #: _____

or attach a copy of your certification

If no, is the applicant related to or applying on behalf of an individual who is certified?

Yes

No

If yes, please enter TCFP Pin #: _____

or attach a copy of the certification and

state what your relationship is to the certified fire fighter

Relationship

2. Who referred you to the fund?

Name

Telephone Number

Address

Relationship to you

City

State

Zip Code

3. If you are a certified fire fighter applying on behalf of yourself, please identify your employer. If you are applying on behalf of a certified fire fighter or are a certified fire fighter's survivor, please identify the certified fire fighter's employer.

Employer's Name

Telephone Number

Address

City

State

Zip Code

Please state the name and the telephone number of an individual at the Employer's who can verify employment.

Name

Telephone Number

"Fire Fighters Helping Fire Fighters"

