

FIREFIGHTERS' BALL

PRESENTED BY THE ROCKWALL PROFESSIONAL FIREFIGHTER CHARITIES

APPLICATION FOR ASSISTANCE OR NOMINATION OF RECIPIENT FORM

Name of person submitting this nomination: _____

Submitter's phone number: _____

Submitter's Email: _____

First and Last name of nominee: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact phone numbers: _____

Email: _____

Fire Department affiliation: _____

Fire Association affiliation: _____

Is the nominated recipient a member of the Local Fire Association: _____

Years on the department: _____ Job Title / Rank: _____

Married? Yes No

Spouse/ Significant Other's name: _____

Spouse/ Significant Other's contact numbers: _____

Spouse/ Significant Other's email: _____

of Children: _____

Names and Ages of nominee's children:

Any other dependent family members living in the nominee's home? Explain:

Please provide a brief description of the nominee's illness/injury (You can attach a separate document if necessary): _____

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How much time has this illness/injury required the nominee to miss work? _____

Do we have the nominee's consent to contact their department and association about the illness/injury?

Yes No

• Please list a contact person at the Department and Local President: _____

Has the nominee received financial assistance from another agency or foundation? Yes No

• If yes, please explain:

Is this illness/injury covered under Workman's Compensation? Yes No

How has this illness/injury affected the nominee's financial situation?

If chosen, will these funds be used for upcoming and/or past medical expenses? Yes No

Please explain how we can help the nominee:

If chosen, is the nominee able to receive the disbursement of funds by December 31st, 2025? Yes No

Provide contact information for 3 individuals who are familiar with the nominee's situation (not including a family member):

1. Name: _____

Email: _____ Phone: _____

2. Name: _____

Email: _____ Phone: _____

3. Name: _____

Email: _____ Phone: _____