



## *Application for Assistance or Nominations of a Recipient Form*

The Colbert Project, a Texas Nonprofit corporation, offers assistance to local and surrounding area firefighter families facing financial strife brought on by illness or injury.

Full legal name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Department currently employed by: \_\_\_\_\_

Years on the department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Married?  Yes  No

Spouse's name: \_\_\_\_\_

Contact numbers: \_\_\_\_\_

Spouse's contact numbers: \_\_\_\_\_

Email: \_\_\_\_\_ Spouse's email: \_\_\_\_\_

# of Children: \_\_\_\_\_

Names and DOB: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other children/dependent family members living with you? Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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1) Please provide a brief description of your illness/injury: \_\_\_\_\_

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2) How much time has this illness/injury required you to miss work? \_\_\_\_\_

• Will you be released to return to work?  Yes  No

• When? \_\_\_\_\_

3) Are you receiving short or long term disability from your employer?  Yes  No

4) Do we have your consent to contact your department about your illness/injury?  Yes  No

• Please list a contact person at your department: \_\_\_\_\_

5) Have you received financial assistance from another agency or foundation?  Yes  No

• If yes, please explain: \_\_\_\_\_

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• Please list agency: \_\_\_\_\_

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

7) How has this illness/injury affected your financial situation? \_\_\_\_\_

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8) Please explain, how The Colbert Project can help you: \_\_\_\_\_

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9) Provide name/address/phone number/email of 3 references:  
(A family member may not be listed as a reference)

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONTACT INFORMATION:**

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