



Assistance Grant Application

Preliminary Information Sheet

Date _____

The following preliminary information is required by the Trustees of the Foundation so they may determine the next steps in this process and the appropriate level of financial support. Please complete this form in full. This and any additional information required will be for the sole use of the Board of Trustees, and will be retained in the **strictest confidence**.

If necessary, please furnish additional information on a separate sheet of paper. Please understand and agree that all information furnished herein is subject to verification and a representative of the Foundation will contact you if the Trustees consider it necessary.

1. Applicant Information (Please Print)

First Name *Middle Initial* *Last Name*

Street Address *City/State* *Zip Code*

Date of Birth *Telephone - Residence* *Best Time to Contact*

Person Making Request, if Other Than Applicant *Relationship to Applicant*

2. Please indicate position and dates of service for related individuals (including applicant, if appropriate) who have served with the FBI:

Name *Position* _____ to _____
Service dates

3. Provide the amount and purpose of the grant you are requesting. Include the medical issue under treatment, property damage, or other situations that the grant is meant to assist with.

\$ _____

4. Provide insurance coverage that may be applicable.

5. Other potential or current funding (FEMA, GoFundMe, etc.)

6. Financial Information – Provide total annual household income, before taxes.

7. Are you willing to provide a copy of your Form 1040, if applicable?

Yes _____

No _____

8. Are you willing to allow the Society to use this assistance for promotional purposes?

Yes _____

Prefer Not _____

Signature

Date

Please return this completed form to the Former Agents of the FBI Foundation at 3717 Fettle Park Drive, Dumfries, VA 22025 or you may fax it to 703-445-0039. Questions should be referred to the Foundation Administrator at 703-445-0026.