



The National 9-99 Police and Sheriff Foundation

P.O. Box 11683

Newport Beach, CA 92658

**Request for Assistance**

**Applicant Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS# \_\_\_\_\_

Have you recently applied to other organization for funding? NO \_\_\_ YES \_\_\_

If yes, please state the organization(s) name and amount requested/received: \_\_\_\_\_

**Family Information**

Single, married, divorced, widowed: \_\_\_\_\_

How many dependents do you support? \_\_\_\_\_

Annual Income: \_\_\_\_\_

Do you own your own home? \_\_\_\_\_

Do you own vacation homes, rentals, recreational vehicles, other monthly expenses? \_\_\_\_\_

**Employment Verification**

Current or most recent department or agency: \_\_\_\_\_

Badge # \_\_\_\_\_ Years in Service \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Honors/Awards/Distinctions: \_\_\_\_\_

List any felony's, indictments, lawsuits or other pending legal or merit complications during your career: *(This information will be kept confidential and will not affect your application status).*

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**Type of assistance seeking:** *(check all that apply)*

- Injured Officer Relief       Fallen Officer Relief       K9 Support       PTSD Support

*Please briefly explain why you are requesting support and how you will use the support:*

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**Insurance:**

Do you have insurance for you and your family? NO \_\_\_ YES \_\_\_ Type \_\_\_\_\_

If yes, please describe how your insurance has contributed to addressing these circumstances:

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**STATEMENT OF ACCURACY**

I hereby affirm that all the above stated information provided by me to The National 9-99 Police and Sherriff Foundation is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote The National 9-99 Police and Sherriff Foundation Request for Assistance Program.

I hereby understand that if chosen, according to The National 9-99 Police and Sherriff Foundation scholarship policy, I must partake in required events and interviews to further support the mission and purpose of The 999 National Police and Sherriff Foundation.

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please email this form to [info@999foundation.org](mailto:info@999foundation.org)\*\***

**INTERNAL USE ONLY**

Date received: \_\_\_\_\_

Date Reviewed by board: \_\_\_\_\_

Approved: (Y)\_\_\_\_ (N)\_\_\_\_\_

Board Members Present:

Notes:

Witness \_\_\_\_\_ Date \_\_\_\_\_