



Jerry Behrens Foundation

“Our objective is to provide assistance to Natrona County or Wyoming veterans/active duty military or first responders and their immediate families who are in need of financial assistance in times of medical or personal crisis.”

AM I ELIGIBLE?

- I am currently serving or have served in the military.
- I am currently employed in Wyoming as a first responder.
- Both of these are correct
- None of the above

CONTACT INFORMATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____ TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ GENDER: MALE FEMALE

SERVICE/EMPLOYMENT INFORMATION

BRANCH OF SERVICE/FIRST RESPONDER STATUS:

DATES OF SERVICE/EMPLOYMENT: _____

SERVICE STATUS: (active, retired, reserve)

INJURY INFORMATION (if applicable)

DATE OF INJURY: _____

TYPE OF INJURY: _____

ADDITIONAL INFORMATION

How much are you requesting? _____

Have you received any other donations thus far? _____

Describe your situation and why you are seeking funds?

Would you be willing to share your story? _____

ELIGIBILITY VALIDATION

NAME OF SUPERIOR OFFICER OR SUPERVISOR: _____

CONTACT INFORMATION: _____

Printed

Date

Signature