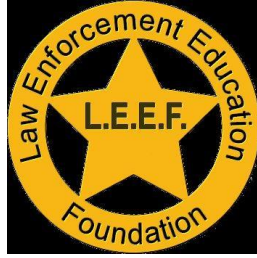


# Law Enforcement Education Foundation Line of Duty Grant Application



2120 Powers Ferry Road  
Suite 125  
Atlanta, GA 30339  
<http://thetruthaboutpolice.com/>  
478-CARRY-41  
EIN # 45-5494053

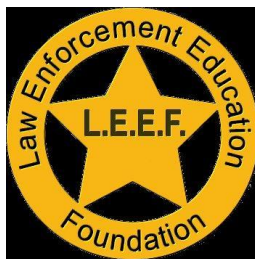
*(Revised 5/18)*



## **Instructions for Completing an Application for a Law Enforcement Education Foundation Line of Duty Grant**

Please provide the completed application for review by email to:

Jennifer Chambrin  
Grant Applicant Coordinator  
[jennifer@laweef.org](mailto:jennifer@laweef.org)



### Contact Information

1. Name of Officer or Personnel injured in the line of duty:

\_\_\_\_\_

2. Organization or branch of military for family member: \_\_\_\_\_

\_\_\_\_\_

3. Contact person in organization: \_\_\_\_\_

\_\_\_\_\_

4. Contact Name: \_\_\_\_\_

5. Contact Email: \_\_\_\_\_

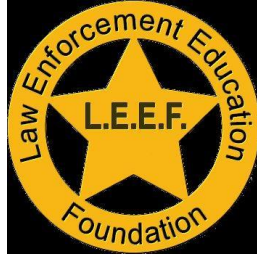
6. Contact Phone Number: \_\_\_\_\_

7. Contact Fax Number: \_\_\_\_\_

8. Contact Address: \_\_\_\_\_

\_\_\_\_\_

9. Contact Website (if applicable): \_\_\_\_\_



### Grant Information

1. Please provide full details of background for this Line of Duty grant request (attach additional page(s) if needed).

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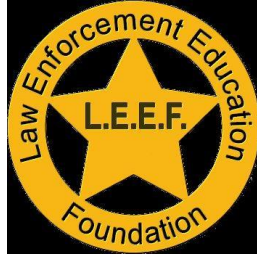
2. (Please attach supporting documents.)

3. What amount is being requested? \_\_\_\_\_

4. How will the grant be used?

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**Authorization**

I, \_\_\_\_\_, on behalf of  
\_\_\_\_\_, do attest that the  
Information in the above application to the Law Enforcement Education Foundation  
is true and correct and that any grant monies received shall be used solely for the  
purposes set forth in this grant application.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application