



# Fallen Worker Grant Request Form

Email the Completed Request to

[sarah\\_west@transportationfoundation.org](mailto:sarah_west@transportationfoundation.org)

## Fallen Worker Grant Purpose:

When a transportation industry employee dies accidentally in the line of duty she/he may also be eligible for a Fallen Worker Grant. These grants may be used to defray immediate expenses, up to \$2,500, not covered by employer death benefits. Examples include, but are not limited to, memorial ribbons for funeral attendees, flowers and/or refreshments at the funeral, and travel costs to bring loved ones to the survivor's side.

Fallen Worker's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Fallen Worker Grant Request: A brief description of what this grant will be used for.

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## Employer's Contact Information

Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

## Requestor's Information

Name: \_\_\_\_\_

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

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

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

## Check Should Be Made Payable to:

Name: \_\_\_\_\_

Mailing Address to Send Check: \_\_\_\_\_

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