



Associate Assistance Fund Application

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

Applicant's Company _____

Immediate Supervisor _____

Applicant's Job Title (Driver, Operations, etc.) _____

Please describe the situation which you believe makes you eligible for Associate Assistance Funding:

Please return to: Open Road Foundation
 Attn: Bill Webb
 P.O. Box 92777
 Southlake, TX 76092

Or by e-mail to: bwebb@legacyfem.com

Or by fax to: (817) 796-1816