Victim 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 Victim Assistance Funding:

_____

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

Or by fax to: (817) 329-5585
Or by e-mail to: bwebb@fenwaypartners.com