



VALOR
FOUNDATION

APPLICATION FOR BENEFITS

Applicant Name & Title: _____

Applicant Agency/Department: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Marital Status: Single Married Married with kids

Date of Injury / Illness: _____

Time off work: _____

Valor Foundation, Inc. entertains applications for benefits on behalf of persons employed by Loudoun County, Virginia public safety agencies on a first-come, first-serve basis. Any decision reached on this Application is final and non-reviewable in the sole discretion of the Foundation.

The Valor Foundation is a private non-profit, charitable organization and not part of the county government.

Circumstances surrounding injury / illness:

Agency / Department comments:

Agency / Department Head signature:

The undersigned certifies to the accuracy of the foregoing information and acknowledges that Valor Foundation will rely upon the foregoing information in reaching a decision on this Application.

Signature / Date

Printed Name

The mission of the Valor Foundation is to raise private donations and to create innovative partnerships between organizations, individuals and corporate neighbors in order to support law enforcement, fire and rescue organizations in our community where needs surpass public resources; and to strengthen the connection and commitment of corporate and individual neighbors to their community.

Valor Foundation
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www.valorfoundation.org