

FULBRIGHT & JAWORSKI FOUNDATION

Qualified Disaster Relief Payment Application
for Los Angeles Fires 2025

Application # _____

Personal Information:

Applicant Name: _____ Date: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

Employer: _____ Work Location: _____

Current Contact Information:

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____

Permanent Contact Information (if different than above):

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

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Please answer the following questions so the Selection Committee can determine if you may be entitled to a Qualified Disaster Relief Payment.

1. Are you a current or former employee or a current or former substantially full time contractor or consultant of the Norton Rose Fulbright US LLP (the “Firm”)? Yes No

If no, are you a family member of a current or former employee or a current or former substantially full time contractor or consultant of the Firm or one of its affiliates? Yes No

If yes, what is the name of the current or former employee? _____

What is your relationship to the current or former employee? _____.

2. What would you use the money for if you receive a grant?

a. Do you have any immediate medical need? Yes No If yes, please describe your medical need. _____

b. Do you need temporary living accommodations? Yes No If yes, please specify the size of your family and indicate if you have pets. _____

c. If your home or any property in your home suffered damage (including the effect of any insurance or other available financial resources), please explain. _____

d. Please describe any additional needs.

Examples: *To purchase clothing or food, to pay transportation costs, to pay funeral costs, to pay for baby or pet supplies or to cover other normal monthly expenses for you or your family.* _____

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3. How much money do you think you need to cover your expenses described in item 2 above? Please describe by category and submit any available documentation.

I hereby certify that the facts set forth in this grant application are true and complete to the best of my knowledge. I understand that if awarded a Qualified Disaster Relief Payment, falsified statements on this application shall be considered sufficient cause for appropriate steps to recover the proceeds previously paid. I hereby authorize the Selection Committee to obtain information concerning my financial need from the Firm's Human Resources Department and/or any other information sources the Selection Committee may deem necessary or appropriate to make a decision. I understand that the Selection Committee must make its award decisions in accordance with the Fulbright & Jaworski Foundation Qualified Disaster Relief Payment Procedures and applicable guidance from the Internal Revenue Service.

Signature: _____

Date: _____

**** Please make sure your application is legible and completely filled out. *
Incomplete applications will be returned, thus delaying the consideration process.***

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