

**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: \_\_\_\_\_

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.*

**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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

