



## Lone Star Family Fund Application

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Applicant's Immediate Supervisor \_\_\_\_\_

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

Please describe the situation which you believe makes you eligible for the Lone Star Family Fund:

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

Or by e-mail to:             **[bwebb@texrfoundation.org](mailto:bwebb@texrfoundation.org)**