



2024 HERO AWARD APPLICATION

Submitted By: _____

Department: _____

City, State, Zip: _____ **Email** _____

Please provide the Association with:

- An incident report with detailed information of occurrence
- An **8 X 10" photo, ON PHOTOGRAPHY PAPER, NO EXCEPTION**, with the individual's application.

Employee's Name: _____

Rank: _____

Years with Department: _____ **Male or Female** _____

Married: _____ **Mother and Father** _____

If married, the Family Members section may require additional attached page

Family Members (Spouse and Children)

Approved By Chief: _____

Date: _____ **Email:** _____

Send this completed form, to bchampagne@broussardfire.org. and mail 8 X 10 Photo, **ON PHOTOGRAPHIC PAPER, NO EXCEPTION, OR APP IS DISQUALIFIED**, to:

BRYAN CHAMPAGNE, 110 BERCEGEAY RD., BROUSSARD, LA 70518.

NEED HELP? Call Bryan Champagne (Cell) 337-319-8322.