



HERO AWARD APPLICATION

Submitted By: _____

Department: _____

City, State, Zip: _____ Email _____

Phone Numbers: Cell _____ Office _____

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.
- **Deadline for application is August 30, 2025**

Employee's Name: _____

Rank: _____

Years with Department: _____ Male or Female _____

Married: _____ Mother and Father _____

Family Members (Spouse and Children)

Family Members section may require additional attached page |

Approved By Chief: _____

Date: _____ Email: _____

Phone Numbers: Cell _____ Office _____

Send this completed form, *with incident report*, and **8 X 10 Photo, ON PHOTOGRAPHIC PAPER, NO EXCEPTION, OR APP IS DISQUALIFIED**, to:

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

NEED HELP? Bryan Champagne (Cell) 337-319-8322 or bchampagne@broussardfire.org