



Date Prepared: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

### NATIONAL SENIOR PRO RODEO ASSOCIATION-CRISIS FUND APPLICATION FOR FINANCIAL ASSISTANCE

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Membership # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a member of another rodeo organization? ( ) Yes ( ) No

If yes, is there financial assistance available to you through that association? ( ) Yes ( ) No

Indicate below if you have applied for other assistance due to your injury and if you expect to receive any please describe what type of assistance that will be (cash, vouchers, loan, etc).

\_\_\_\_\_  
\_\_\_\_\_

Reason for requesting assistance-Please describe where and when you were injured, what you were doing when the injury occurred, the nature of your injury, (what rodeo, what event) etc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to work? ( ) Yes ( ) No

If not, when do you expect to return to work? \_\_\_\_\_

If disability, give starting date and nature and attach physicians statement: \_\_\_\_\_

\_\_\_\_\_

THE CRISIS FUND OF THE NATIONAL SENIOR PRO RODEO ASSOCIATION IS INTENDED TO ASSIST MEMBERS IN NEED AND IS NOT INTENDED TO BE THE SOLE SUPPORT OR ASSISTANCE IN THE EVENT OF INJURY. The fund is intended to provide interim assistance until the member is healthy and back to work. The type of assistance will vary, however the bulk of the assistance will be in the form of a no-interest loan. Please indicate below what type of assistance you are requesting and how you intend to pay back the fund:

<b>Type of assistance (select up to two options from below):</b>	√
Cash assistance (for food, supplies, fuel, etc) in the form of gift cards (\$500 max)	
Short term loan (up to 6 months). Amount requested : \$ _____ (\$1000 max)	
Long term loan (6 months to 2 years) Amount requested: \$ _____ (\$2000 max)	
Other (describe):	

Please use this space to describe your unique situation and why assistance from the fund is important to you. If you are requesting cash assistance, please indicate what types of gift cards are needed or if cash is needed, please explain why. If you are requesting a loan, please indicate how and when you intend to pay back the loan. You may propose a re-payment plan alone or you may propose a fund raiser, the monies from which to be used toward re-payment of your loan (fundraisers shall be coordinated with the Crisis Fund Committee):

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Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:

National Senior Pro Rodeo Association  
2015 W. Wickenburg Way  
Wickenburg, AZ 85390

Questions: Please call the office at 928-684-9566