

NHSRA Crisis Fund

APPLICATION FOR FINANCIAL ASSISTANCE



Date: _____

Are you or the person on whose behalf you are applying a member of the NHSRA in good standing?

YES _____ NO _____

NHSRA Membership # _____

Name of NHSRA member: _____

Name of person filing application: _____

Relationship to member: _____ Member's Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

U.S. or Canada? _____ Telephone: (_____) _____

OTHER ASSISTANCE

Check below if you have applied for other assistance from any of the following sources:

_____ Social Security _____ Welfare _____ Medicare

_____ NHSRA Insurance _____ Personal Insurance _____ Veteran's Benefits

_____ Other (Please name): _____

Status of applications: _____

REASON FOR REQUESTING ASSISTANCE

Please explain the reason you are applying for assistance. Indicate if injury, death, permanent disability, etc. Attach physician's statement for all injuries. If disability, give starting date and nature of disability.

INCIDENT & RODEO INFORMATION

Was accident or injury rodeo related or while traveling to or from the rodeo: _____

Was the rodeo an NHSRA sanctioned event?

YES

NO

Location where accident or injury occurred: (List arena, city, state, location of accident, etc.) _____

Describe the type of accident or how the injury occurred: _____

What is the prognosis of the injury: _____

EMPLOYMENT INFORMATION

Father or Guardian Occupation: _____

Full Time _____ Part Time _____ Average number of hours per week: _____

Average wages: \$ _____ per week

Mother or Guardian Occupation: _____

Full Time _____ Part Time _____ Average number of hours per week: _____

Average wages: \$ _____ per week

List any employment by the member: _____

Average wages: \$ _____ per week

Comments concerning wages, employment: _____

List any other income sources of the family and the amounts per month:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____