

The Royal Court of the Golden Spike Empire
Application for Financial Assistance
Transgender Fund Application

Revised as of 6/15/2016

The RCGSE Transgender Fund was designed to help provide relief for those needing financial assistance for medication, counseling, doctor visits, legal fees and surgeries related to sexual reassignment. Due to the limited resources at our disposal, there is a maximum amount available from the fund in the amount of \$200 during a single reign.

The dollar amount requested (up to the \$200 limit) must be accompanied by copies of invoices when presented to the Court for payment. **Checks will be made payable to the creditors ONLY and can be mailed to a designated source for your convenience.**

Your application for financial assistance will be kept confidential and must be approved by the fund administrators before payment can be made. To become eligible for assistance, please fill the application out COMPLETELY and give it to the reigning Emperor or Empress or to the President of the Board. You can also mail it to:

R.C.G.S.E.
Attn: Transgender Fund Application
Application PO Box 11793
Salt Lake City, UT 84147

Any further questions please email:
Emperor: emperor@rcgse.org
Empress: empress@rcgse.org

Applicant Information

Name: _____ Date of Birth: _____

Address: _____ City: _____

State: Utah Zip: _____ Phone: (____) _____ - _____ S.S.N.: _____

Monthly Income (*include Welfare, SSI, and Food Stamps*):\$ _____

Medical Insurance Carrier: _____ Policy #: _____

Employment Information

Employer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

How long have you been employed there?: _____

Payment Information

YOU MUST INCLUDE COPIES OF ALL INVOICES, BILLS OR RENTAL LEASE / AGREEMENTS

BEFORE APPLICATION CAN BE APPROVED OR PAID.

Debt 1:

Amount Requested: \$ _____ Date Payment Is Due: _____ Type of Debt: _____

Debtor Name: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Additional Information _____

Debt 2:

Amount Requested: \$ _____ Date Payment Is Due: _____ Type of Debt: _____

Debtor Name: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Additional Information _____

Debt 3:

Amount Requested: \$ _____ Date Payment Is Due: _____ Type of Debt: _____

Debtor Name: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Additional Information _____

Explanation of Need

Please explain your need for assistance:

Are you on any Federal or State assistance? YES / NO

If yes, please explain: _____

THIS FORM MUST BE COMPLETE!

We would like to get you the help you need as soon as possible, but incomplete forms will only delay the process. Please check this form for accuracy. All checks will be mailed to you by the R.C.G.S.E. unless otherwise requested. Valid picture ID is required for all checks that are to be picked up.

Please help us help others – Support the Royal Court and its functions

THANK YOU!

I have completed this application and filled it out completely. I understand that the Royal Court of the Golden Spike Empire will process my application as soon as possible and if accepted, payment will be made to my creditors on my behalf. All information is true and correct.

Applicant Signature _____ Date _____

FUND ADMINISTRATORS APPROVAL

As members of the College of Monarchs of the Royal Court of the Golden Spike Empire, we acknowledge that this application is correct, complete and ready to be submitted along with copies of the bills to the current treasurer for disbursement.

Signature _____ Date _____

Signature _____ Date _____