



# THE ROYAL COURT OF THE GOLDEN SPIKE EMPIRE AIDS FUND



## *Application for Financial Assistance*

(Revised July 2024)

The R.C.G.S.E. AIDS Fund is designed to assist those diagnosed with HIV/AIDS and the monetary obligations which occur. The maximum amount per reign for an approved application is \$500. To apply for assistance from this fund, you must supply the following:

1. Completed AIDS Fund Application
2. A letter from a doctor stating applicants' diagnosis
3. Copies of bills to be paid including account numbers and where payment is to be sent

Once you have provided the needed information and have submitted it the following will occur:

1. The reigning Emperor/Emprex will work with you to ensure the application is correct and complete
2. The application is then reviewed by the Empress/Empress and the President of the Board of Directors and will be approved or denied
  1. Approval is based on the application, as well as available funding
  2. Submitted applications are not guaranteed to be approved
3. If the application is approved the applicant will be notified and the checks will be written and mailed DIRECTLY to the creditor
  1. Checks will not be written to or given to the applicant

***We strive to get the needed assistance disbursed to the creditors as soon as possible, however, incomplete forms and missing information will only delay the process. Please double check the application for accuracy and check that all needed forms are included.***

## **Applying for assistance from the AIDS Fund**

To apply for assistance from the R.C.G.S.E. AIDS Fund, fill out the following application completely. It is a fillable document, so you can download it and enter everything directly into the form. From there you can save the form and email it to [aidsfundapp@rcgse.org](mailto:aidsfundapp@rcgse.org) or you can print the form and bring it to a General Membership or Board Meeting.

You can also mail the completed application and necessary forms to the following address:

Royal Court of the Golden Spike Empire  
Attn: AIDS Fund Application  
P.O. Box 521126  
Salt Lake City, UT 84152

**APPLICANT INFORMATION**

APPLICATION NUMBER \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**APPLICANT INCOME INFORMATION**

Are you employed?  YES  NO If Yes, what is your Monthly Employment Income? \$ \_\_\_\_\_

Do you have a bank account?  Checking  Savings  Both

Savings Bank Name: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Checking Bank Name: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Please indicate if you receive assistance from any of the following and list the monthly amount:

Welfare: \$ \_\_\_\_\_  SSI: \$ \_\_\_\_\_  Food Stamps: \$ \_\_\_\_\_

Other Assistance: From Who: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

**APPLICANT MONTHLY BILLS**

Please list the amount you pay per month for the following:

Mortgage/Rent: \$ \_\_\_\_\_ Phone: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_ Medical: \$ \_\_\_\_\_ Medication: \$ \_\_\_\_\_

Please list any additional monthly expenses: \_\_\_\_\_

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

**APPLICANT MEDICAL INFORMATION**

Doctors Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**\*\*\*REMINDER\*\*\*** You must attach a letter from your doctor stating applicant's diagnosis with HIV/AIDS to be considered for assistance from the R.C.G.S.E. AIDS Fund

**PAYMENTS REQUESTED** (Fill out as many Creditors needed. If more than 3, attach a separate page)

Please provide the information below for the Payments you are requesting assistance with. You must also provide copies of the bills listed here. Failure to attach copies of bills will disqualify this application.

Creditor 1 Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Date Due: \_\_\_\_\_ Type of Debt: \_\_\_\_\_

Are you past due on this debt?  YES  NO Will this payment bring you current?  YES  NO

If the amount you are asking for does not bring the bill current, are you able to make up the difference to keep you from getting further behind?  YES  NO

Make Check Payable To: \_\_\_\_\_

=====  
Creditor 2 Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Date Due: \_\_\_\_\_ Type of Debt: \_\_\_\_\_

Are you past due on this debt?  YES  NO Will this payment bring you current?  YES  NO

If the amount you are asking for does not bring the bill current, are you able to make up the difference to keep you from getting further behind?  YES  NO

Make Check Payable To: \_\_\_\_\_

=====  
Creditor 3 Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Date Due: \_\_\_\_\_ Type of Debt: \_\_\_\_\_

Are you past due on this debt?  YES  NO Will this payment bring you current?  YES  NO

If the amount you are asking for does not bring the bill current, are you able to make up the difference to keep you from getting further behind?  YES  NO

Make Check Payable To: \_\_\_\_\_

I have additional Creditors and have attached a separate sheet and copies of those bills

**APPLICANT ACKNOWLEDGEMENT & SIGNATURE**

I have filled out the application completely and have attached all needed additional documentation. I understand that the Royal Court of the Golden Spike Empire will process my application as soon as possible and if approved, payments will be made directly to the creditors on my behalf. All information I have entered is true and accurate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**R.C.G.S.E. FUND ADMINISTRATOR APPROVAL**

APPLICATION NUMBER \_\_\_\_\_

As administrators for the R.C.G.S.E. AIDS Fund, we acknowledge that this application is correct, complete and ready to be submitted to the Board President to present to the Board of Directors for approval.

College of Monarchs President

\_\_\_\_\_  
Printed Name Signature Date

Reigning Emperor/Empress

\_\_\_\_\_  
Printed Name Signature Date

**R.C.G.S.E. BOARD OF DIRECTORS APPROVAL**

Date presented for approval: \_\_\_\_\_ Was application approved?  YES  NO

**If NO** Reason for denial: \_\_\_\_\_

**If YES** Date Approved: \_\_\_\_\_ Date given to Treasurer for Payment: \_\_\_\_\_

I acknowledge that this application has been reviewed and approved by the Board of Directors, as well as, given to the Treasurer for payment on the above date.

President of the Board of Directors

\_\_\_\_\_  
Printed Name Signature Date

**PAYMENT INFORMATION**

Date checks written: \_\_\_\_\_ Date checks sent to creditors: \_\_\_\_\_

Treasurer

\_\_\_\_\_  
Printed Name Signature Date