



THE ROYAL COURT OF THE GOLDEN SPIKE EMPIRE CANCER FUND



Application for Financial Assistance

(Revised July 2024)

The R.C.G.S.E. Cancer Fund is designed to assist those diagnosed with Cancer 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 Cancer Fund Application
2. A letter from a doctor stating your 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 Empress/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 Cancer Fund

To apply for assistance from the R.C.G.S.E. Cancer 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 cancerfundapp@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: Cancer 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 INFORMATIONAre 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 Cancer to be considered for assistance from the R.C.G.S.E. Cancer 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: _____
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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. Cancer 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 Empress/Emprex

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