



THE ROYAL COURT OF THE GOLDEN SPIKE EMPIRE AIDS FUND



Application for Financial Assistance

(Revised July 2025)

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 / Empress, with assistance from The President of the College of Monarchs, will work to ensure the application is complete and all requirements are met.
2. The Administrators will then approve or deny the application and, if approved, will send the information to the Treasurer for disbursement.
 1. All personal information will be kept completely confidential
 2. Approval is based on the application, as well as available funding
 1. 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 DIRECTLY to the creditor
 1. Checks will not be written to the applicant
4. Checks will be mailed to the creditor directly or paid electronically if possible.
5. Applicants may also pick up the check personally
 1. Valid identification must be shown before check is given

We strive to get the needed assistance to the applicant 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 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 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 Whom: _____ 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.

Debtor 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 pay off the bill, are you able to make up the difference to keep you from getting further behind? ☐ YES ☐ NO

Make Check Payable To: _____

=====

Debtor 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 pay off the bill, are you able to make up the difference to keep you from getting further behind? ☐ YES ☐ NO

Make Check Payable To: _____

=====

Debtor 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 pay off the bill, 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 additional needed 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 _____

Was the Application Approved? ☐ YES ☐ NO Final Approved Amount: _____

If YES Date Approved: _____ Date given to Treasurer for Payment: _____

If NO Reason for denial: _____

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 Treasurer for Payment

College of Monarchs President

Printed Name Signature Date

Reigning Emperor / Empress

Printed Name Signature Date

PAYMENT INFORMATION

How was the payment made: ☐ CHECK Date Written: _____ Check Number: _____

☐ DEBIT CARD If Processing Fee was paid, how much?: _____

Date Payment Made and or Checks Sent to Creditors : _____

Treasurer

Printed Name Signature Date

PRESIDENT OF THE BOARD SIGNATURE

I acknowledge that the board has been made aware of this application.

Printed Name Signature Date