



# THE ROYAL COURT OF THE GOLDEN SPIKE EMPIRE TRANSGENDER FUND



## *Application for Financial Assistance*

(Revised July 2025)

The R.C.G.S.E. Transgender Fund is to provide relief for the members of the Transgender Community in need of financial assistance. The maximum amount per reign for an approved application is \$500. This fund will assist with, but are not limited to the following expenses:

1. Legal Expenses
2. Medical Expenses
  - a. Medication Expenses
  - b. Doctor Visit Expenses
  - c. Counseling Expenses
  - d. Surgical Expenses
3. If applying for medical assistance, documentation from a healthcare professional stating you are receiving services / treatment related to transitioning will be required.

To apply for assistance from this fund, you must supply the following:

1. Completed Transgender Fund Application
2. A letter from a healthcare professional stating you are receiving services / treatment related to transitioning
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 fund administrators will work with you to ensure the application is correct and complete
2. The application is then turned over to the President of the Board of Directors to bring before the board for the final vote and approval
  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 can be mailed to the creditor directly or they can be picked up by the applicant
  1. Valid picture ID is required for all checks that are to be picked up

***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.***

To apply for assistance from the R.C.G.S.E. Transgender 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 [transfundapp@rcgse.org](mailto:transfundapp@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: Transgender 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 you are going through the transition process to be considered for assistance from the R.C.G.S.E. Transgender 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 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 \_\_\_\_\_

As administrators for the R.C.G.S.E. Transgender 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/Emprex

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

Reigning Empress/Emprex

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

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

Was the Application Approved?  YES  NO Final Approved Amount: \_\_\_\_\_

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

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

I acknowledge that this application has been reviewed and approved by the Board of Directors

President of the Board of Directors

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

**PAYMENT INFORMATION**

Paid By:  CHECK  DEBIT CARD Fee Amt? \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Date Checks Sent : \_\_\_\_\_

Treasurer

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