

The Royal Court of the Golden Spike Empire

Application for Financial Assistance

Cancer Fund Application

The RCGSE Cancer Fund was designed to help assist those persons who find themselves inflicted with cancer and the monetary obligations, which occur. Due to the limited resources at our disposal, there has been a lifetime maximum amount available from the fund in the amount of \$500.

The dollar amount requested (up to the \$500 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: Cancer Fund
Application PO Box 11793
Salt Lake City, UT 84147

Any further questions Email the Board President at:

President@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 #: _____

Savings Account (*Bank/Acct #*) _____ Balance _____

Checking Account (*Bank/Acct #*) _____ Balance _____

Estimated Monthly Bills:

Rent: \$ _____ Electric: \$ _____ Gas: \$ _____

Phone: \$ _____ Medical: \$ _____ Medications: \$ _____

Please list any additional monthly expenses? _____

Medical Information

Doctors Name: _____ Phone: _____

Items Required

1. A letter from your doctor stating your diagnosis
2. Copies of bills to be paid including account numbers and where payment is to be sent.

Payments requested:

1st Payment Amount: \$ _____ Payable to: _____

2nd Payment Amount: \$ _____ Payable to: _____

3rd Payment Amount: \$ _____ Payable to: _____

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 Board of Directors 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 _____