

**The Royal Court of the Golden Spike Empire**  
**Application for Financial Assistance**

**AIDS Fund Application**

The RCGSE A.I.D.S. Fund was designed to help assist those persons during the interim period between diagnosis and eligibility for supplemental income. Due to the growing number of people living with HIV / AIDS in Utah, there is a need to limit the amount of money to \$300.00 for each case. This is a lifetime amount and is only presented upon approval of the application

The dollar amount requested (up to the \$300 limit) must be accompanied by copies of invoices when presented to the Court for payment. **Checks will be made payable to the creditors 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 College of Monarchs based on a majority vote. To become eligible for assistance, please complete this form and supply the necessary copies. Send this request and paperwork to:

R.C.G.S.E.  
Attn: Aids Fund Application  
PO Box 11793  
Salt Lake City, UT 84147

Any further questions please email:  
College of Monarchs President: [monarchpres@rcgse.org](mailto:monarchpres@rcgse.org)  
College of Monarchs Vice President: [monarchvicepres@rcgse.org](mailto:monarchvicepres@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: \_\_\_\_\_

\*\* You must attach a copy of your application for Social Security Income and a letter from your doctor stating that you have been diagnosed with A.I.D.S. and are UNABLE TO WORK.

**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** \_\_\_\_\_

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**FUND ADMINISTRATORS APPROVAL**

**As members of the College of Monarchs 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** \_\_\_\_\_