

**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 \$300.

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 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](mailto: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!**

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