

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

Peoples Concern Fund Application

The RCGSE Peoples Concern Fund was designed to provide relief for those needing financial assistance due to an unforeseen tragedy or emergency. The Peoples Concern Fund is to be used, but not limited to, for:

1. To help individuals whose personal rights have been violated due to their sexual orientation
2. To help individuals with extreme medical problems that are not AIDS / Cancer related.
3. To help individuals involved in litigation that does not involve drug or alcohol offenses.
4. To help individuals with utility bills where the service is being disconnected and/or have been given notice that payment must be paid within 10 days (Final Notice), or termination of services will be put into effect.
5. To help individuals with emergency funding when needed (i.e. death in the family, wrongful termination, car issues, natural disaster.)

Any individual accessing this account will not be allowed to receive more than \$200 during any one reign. The dollar amount requested (up to the \$200 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 Board of Directors before payment can be made. To become eligible for assistance, please fill the application out COMPLETELY and give it to the reigning Prince or Princess. You can also mail it to:

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

Any further questions Email the Prince or Princess at:

prince@rcgse.org
princess@rcgse.org

All information and necessary attachments must accompany the application before consideration.

Information not enclosed or applications not filled out completely will be **denied**.

All applications are subject to approval.

Applicant Information

Name: _____ Date of Application: _____

Address: _____ City: _____ State: Utah Zip: _____

Phone Number: _____ Email Address: _____

Are you an R.C.G.S.E. member?: YES NO

Have you accessed this fund before? YES NO

Employment Information

Employer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

How long have you been employed there?: _____

Payment Information

***YOU MUST INCLUDE COPIES OF ALL INVOICES, BILLS OR RENTAL LEASE / AGREEMENTS
BEFORE APPLICATION CAN BE APPROVED OR PAID.***

Debt 1:

Amount Requested: \$ _____ Date Payment Is Due: _____ Type of Debt: _____

Debtor Name: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Additional Information _____

Debt 2:

Amount Requested: \$ _____ Date Payment Is Due: _____ Type of Debt: _____

Debtor Name: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Additional Information _____

Debt 3:

Amount Requested: \$ _____ Date Payment Is Due: _____ Type of Debt: _____

Debtor Name: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Additional Information _____

Explanation of Need

Please justify your need for assistance: _____

Are you on any Federal or State assistance? YES NO

If yes, please explain: _____

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 approved, payment will be made to my creditors on my behalf. All information is true and correct.

Applicant Signature _____ **Date** _____

FUND ADMINISTRATORS APPROVAL

As current sitting 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 for payment

Reigning Prince _____ **Date** _____

Reigning Princess _____ **Date** _____

President of the Board _____ **Date** _____