



# JUSTIN COWBOY CRISIS FUND

## *Application for Financial Assistance*



### **PLEASE READ THIS BEFORE FILLING OUT APPLICATION**

Enclosed is an application for the Justin Cowboy Crisis Fund. Please fill it out as completely as possible and include any additional information that may assist the JCCF Board of Directors in reviewing your case. The Justin Cowboy Crisis Fund was created to provide need based financial assistance to rodeo professionals injured through their participation in the sport.

**Assistance is not retroactive and if you qualify for assistance, it will be awarded based on the date of your application, not your injury.** Additionally, the JCCF is designed to help individuals and their families through a crisis situation and the maximum period of assistance is 12 months. It is an extensive review process and it may take a period of time to evaluate your application. You will be contacted when the process is complete. **The fund does not cover medical bills but assists with basic monthly living expenses for those who qualify.**

#### **The Board of Directors take the following into consideration when awarding assistance:**

- The duration and success of your involvement with or your contribution to the sport of rodeo;
- The nature and severity of your injury;
- Your ability to do work other than rodeo to support you and/or your family;
- The amount of financial support you may receive from family and/or other sources;
- Your current assets and liabilities.

**Your case will not be reviewed until we receive the fully completed application, a statement from your doctor, a statement from you outlining your needs and information regarding other assistance you may be receiving.** The statement from your doctor needs to state how the injury occurred, if surgery was required, the treatment of the injury, the prognosis for recovery, and the time required until you can return to work and/or rodeo. If you applied to another organization for assistance, JCCF will not process your application until the other organization(s) review your case and make a final decision. The fund is in regular contact with other groups that provide assistance.

Please keep a copy of your application so if we contact you with questions you can refer to it. If you have any questions regarding the application or the Justin Cowboy Crisis Fund, call **(719) 528-4726** or e-mail **[jccfinfo@prorodeo.com](mailto:jccfinfo@prorodeo.com)**.



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## Application for Financial Assistance



### APPLICANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a member of the PRCA or WPRA ? Yes  No  If yes, please provide your card number: \_\_\_\_\_

### FAMILY

Marital Status (check one):    Single     Married     Separated     Divorced

Spouse Name: \_\_\_\_\_ Age: \_\_\_\_\_ Employed? Yes  No  **If yes, list income on page 3**

Children: Yes  No

**If yes**, list age and health of dependent children. Please indicate if you have **child support responsibilities on page 3**

\_\_\_\_\_  
\_\_\_\_\_

Do you receive any financial assistance from other family members? Yes  No  **If yes, list amount on page 3**

Please note any other family issues that may affect your financial situation \_\_\_\_\_  
\_\_\_\_\_

### RODEO INVOLVEMENT

Please list the **number** of rodeos and **total money won** from any rodeos **with ANY association** in the past two years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT

Do you have employment other than rodeo? Yes  No  **If yes, what is your occupation?** \_\_\_\_\_

Will you be able to work while injured? Yes  No  If unable, why? \_\_\_\_\_

If not, when will you be able to return to this job? \_\_\_\_\_ **Please list job income on page 3**

**MONTHLY INCOME**

(before injury)

Rodeo Income \$ \_\_\_\_\_  
(average per month before injury)

Non-Rodeo Income \$ \_\_\_\_\_  
(other employment)

Sponsor Income \$ \_\_\_\_\_  
(Indicate if paid in a yearly lump sum or a monthly payment)

Income from spouse's job \$ \_\_\_\_\_

Other family contributions \$ \_\_\_\_\_  
to your monthly income

Interest \$ \_\_\_\_\_  
(from CD's, savings, etc)

Other Income: \$ \_\_\_\_\_  
(Unemployment, social security, worker's compensation, veteran's benefits, accident insurance, etc.)

Name source: \_\_\_\_\_

\_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_

**Less Monthly Payments** \$ \_\_\_\_\_

**Surplus or Deficit** \$ \_\_\_\_\_

Do you foresee any change in this monthly income in the next 12 months? Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

If the above indicates a deficit, how are you presently covering your monthly expenses?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MONTHLY PAYMENTS**

Rent or mortgage \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Animal Feed \$ \_\_\_\_\_

Utilities

Electric \$ \_\_\_\_\_

Water \$ \_\_\_\_\_

Gas/Heating \$ \_\_\_\_\_

Phone \$ \_\_\_\_\_

Insurance

Life \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Animal \$ \_\_\_\_\_

Auto \$ \_\_\_\_\_

Home \$ \_\_\_\_\_

Family Care

Child Support \$ \_\_\_\_\_

Alimony \$ \_\_\_\_\_

Auto or horse trailer payments

Vehicle \_\_\_\_\_ \$ \_\_\_\_\_

Vehicle \_\_\_\_\_ \$ \_\_\_\_\_

Vehicle \_\_\_\_\_ \$ \_\_\_\_\_

Other monthly payments

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Monthly Payments** \$ \_\_\_\_\_

**ASSETS**

Bank Accounts

Checking \$ \_\_\_\_\_  
 Savings \$ \_\_\_\_\_  
 C/D's \$ \_\_\_\_\_

Other Accounts

Retirement savings (IRA's, etc.) \$ \_\_\_\_\_  
 Other security investments \$ \_\_\_\_\_

Life Insurance

Face value \$ \_\_\_\_\_  
 Surrender value \$ \_\_\_\_\_

Autos

Year & Make Value

Vehicle #1 \_\_\_\_\_ \$ \_\_\_\_\_  
 Vehicle #2 \_\_\_\_\_ \$ \_\_\_\_\_  
 Vehicle #3 \_\_\_\_\_ \$ \_\_\_\_\_

Trailers / Equipment (Describe)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Real Estate

Home (Current Value) \$ \_\_\_\_\_  
 Land (Current Value) \$ \_\_\_\_\_

Personal Property (Describe & List Value)

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**Total Assets** \$ \_\_\_\_\_

**Less Total Liabilities** \$ \_\_\_\_\_

**Net Worth** \$ \_\_\_\_\_

**LIABILITIES (DEBT)**

Mortgages

Home Mortgage \$ \_\_\_\_\_  
 Other mortgages  
 (describe mortgage and total owed)  
 \_\_\_\_\_ \$ \_\_\_\_\_

Autos  
 (describe vehicle and totaled owed)

Vehicle \_\_\_\_\_ \$ \_\_\_\_\_  
 Vehicle \_\_\_\_\_ \$ \_\_\_\_\_  
 Vehicle \_\_\_\_\_ \$ \_\_\_\_\_

Credit Card Payments  
 (total balance on each)

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Loans  
 (describe loan and total owed)

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Other Debts  
 (describe debt and total owed)

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**Total Liabilities** \$ \_\_\_\_\_

**REASON FOR REQUESTING ASSISTANCE**

Please list the date, location, and nature of your injury. Also include activity that resulted in injury, time expected for healing and enclose documentation from your physician listing the injury, treatment received and prognosis. You may use the attached included form for this or submit a letter from your doctor, on letterhead. Your application will not be reviewed until this information is received. If surgery was performed, please request surgeon's operative report to be included.

DESCRIBE your injury? \_\_\_\_\_

IF an upper extremity injury, is it your riding / roping arm  or your free arm  ?

HOW did this injury happen? \_\_\_\_\_

WHEN did this injury happen? \_\_\_\_\_

WHERE did this injury happen? \_\_\_\_\_

HOW long will be you unable to participate in rodeo? \_\_\_\_\_

WHAT will you be doing during the recovery? \_\_\_\_\_

WHAT type of assistance are you requesting? \_\_\_\_\_

**OTHER ASSISTANCE**

Have you applied for, or received assistance from any other rodeo related charity? Yes  No

If yes which organization? \_\_\_\_\_

Amount of Assistance granted ? **Please indicate** monthly or total.  
 (Example: \$200/month for 3 months or \$1,000 total) \_\_\_\_\_

**SIGNATURE**

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN**

*I agree that this application has been filled out correctly and all information contained is true to the best of my knowledge. I have no assets or resources other than those disclosed in this application for myself and/or my spouse. If assistance is furnished as a result of this application, I agree to notify the Justin Cowboy Crisis Fund of any changes in status with respect to property or income. I hereby authorize any person, firm, corporation, agency, or institution to furnish the Justin Cowboy Crisis Fund any and all information in it's possession relating to my assets, deposits, dealings or business of any kind whatsoever, or concerning any matter which the Justin Cowboy Crisis Fund may desire.*

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IF APPLICANT IS UNABLE TO SIGN**

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**RETURN COMPLETED FORM TO:**

<p><b>Mail</b>                  Justin Cowboy Crisis Fund                  101 Pro Rodeo Drive                  Colorado Springs, CO 80919</p>	<p><b>EMAIL / FAX</b>                  Email: <a href="mailto:jccinfo@prorodeo.com">jccinfo@prorodeo.com</a>                  Fax: (719) 264-4926</p>	<p><b>FOR QUESTIONS CONTACT</b>                  Justin Cowboy Crisis Fund                  (719) 528-4726  <a href="mailto:jccinfo@prorodeo.com">jccinfo@prorodeo.com</a></p>
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## Application for Financial Assistance



### PHYSICIAN'S STATEMENT TO ACCOMPANY APPLICATION

The Justin Cowboy Crisis Fund is a 501-c-3 non-profit organization with the mission of assisting injured rodeo athletes. The Justin Cowboy Crisis Fund examines all financial and medical circumstances of an applicant before deeming that applicant eligible for living assistance from and injury received through their participate in rodeo. Please fill out the following information and submit it to the Justin Cowboy Crisis Fund as it is necessary to complete review of the application.

Patient Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Circumstances surrounding injury: \_\_\_\_\_

\_\_\_\_\_

Treatment/Surgery (include date): \_\_\_\_\_

\_\_\_\_\_

Include operation report or specifics on repair: *Attach document if available* \_\_\_\_\_

\_\_\_\_\_

Prognosis: \_\_\_\_\_

\_\_\_\_\_

Date patient can return to work and/or rodeo competition: \_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

Physician Name (print): \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

Please return to: Justin Cowboy Crisis Fund  
101 Pro Rodeo Dr.  
Colorado Springs, CO 80919

Fax: (719) 264-4926  
EMAIL: [jccfinfo@prorodeo.com](mailto:jccfinfo@prorodeo.com)