



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 (1) fully completed application, (2) a statement from your doctor, (3) a statement from you outlining your needs and information regarding other assistance you may be receiving, (4) voided check. 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. When approved for assistance, JCCF utilizes ACH direct deposit to send the funds. While submitting a voided check with the application helps expedite the process for approved assistance, it does not guarantee the approval of 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**.



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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: _____

If approved for assistance, I authorize JCCF to use my image in fundraising and promotional materials: Yes No

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>Mail Justin Cowboy Crisis Fund 101 Pro Rodeo Drive Colorado Springs, CO 80919</p>	<p>EMAIL / FAX Email: jccfinfo@prorodeo.com Fax: (719) 264-4926</p>	<p>FOR QUESTIONS CONTACT Justin Cowboy Crisis Fund (719) 528-4726 jccfinfo@prorodeo.com</p>
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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: _____

Date patient can return rodeo competition: _____

Notes: _____

Physician Name (print): _____ Physician Signature: _____

Physician Phone Number: _____ Physician State Licensed: _____ Physician License Number: _____

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

Fax: (719) 264-4926
EMAIL: jccinfo@prorodeo.com