

Crisis Support Application
Crisis Support Fund
Cal Farley's Boys Ranch Alumni Association

Copy completed Application to document file; send Association Director,
Bobby Sarpalius, as an attachment via email: cfbraa@sarpserv.com
or mail it to CFBRAA, 603 Sunlight Dr., Arlington, TX 76006

Applicant **Date** _____

Last Name: _____ First Name _____ MI _____

Address:

Street _____ City _____ State _____ Zip _____

Email _____ Phone _____

Date of Birth _____ Number of Dependent Children _____

Ages of Children with you _____

Relation to Cal Farley's Boys Ranch Alumni Association

Check One

Ex-Rancher

Years at BR _____ GT _____ From _____ To _____

Family Member

Name of Ex-Rancher _____

Relation to Ex Rancher _____

Years at BR _____ GT _____ From _____ To _____

Address of the family member

Street _____ City _____ State _____ Zip _____

Email _____ Phone _____

Financial Need

To who is this obligation owed (i.e. name of bank, hospital, etc.)?

Name _____ Phone _____

Street _____ City _____ State _____ Zip _____

Contact Person (If known) _____

Account Number _____

How did you incur this obligation?

What is the total amount of the obligation? \$ _____ -

What amount are you requesting with this application? \$ _____ -

When is the obligation due? _____

Last Name _____ First Name _____ Mid Init. _____

Resources Available

Employer _____ Contact Person _____

Street _____ City _____ State _____ Zip _____

Phone _____ Beginning date _____ End Date _____

(If you are unemployed fill out the above information on most recent employer)

Other sources of income (list sources and amounts of other income)

Other resources available: (From what other sources have you applied for assistance?)

Agency / Person _____

Contact Person _____ Phone _____

Amount Received: \$ _____ Reason for not granting the application:

Agency / Person _____

Contact Person _____ Phone _____

Amount Received: \$ _____ Reason for not granting the application:

If this application is not approved, what will you do relative to the obligation?

If this application is approved, will you be able to reimburse the Crisis Support Fund in order to help other applicants in the future? Yes No Maybe

If "Yes" or "Maybe", when and how could you reimburse the fund?

Last Name _____ First Name _____ Mid Init. _____

References

Whom may we contact to verify the need and/or learn about your character?

Name: _____ Relation: _____

Phone (1) _____ Phone (2) _____

Name: _____ Relation: _____

Phone (1) _____ Phone (2) _____

Name: _____ Relation: _____

Phone (1) _____ Phone (2) _____

Feel free to share with the committee any other information you feel would help in considering this application.

To the best of my knowledge the information in this application is accurate and complete.

Signature _____ Date: _____

Last Name

First Name

Mid Init.

Interview

Interview Date _____ Location _____

Alumni Association Members Included in the Interview

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Application Guidelines

The objective of this application is to determine whether Cal Farley's Boys Ranch Alumni Association can and should assist the applicant in meeting financial needs. Grants will be made according to the Crisis Support Policies of the Association.

The limitation of benevolence funds may require that the Crisis Support Committee reject certain applicants in the request for a grant. This application will serve to assist the Crisis Support Committee in making decisions to award grants. Grants are paid directly to the creditors or vendors; generally, not directly to the applicants..

In distribution of funds, no discrimination shall be made on account of the age, sex, color, religious affiliation, disability or national origin of the individuals or programs to be benefited thereby.

The grant applicant shall fill out this application completely and accurately. Contact information for employers and creditor institution is important in verifying application information. The Crisis Support Committee is obligated to confirm information supplied on this application. Inaccurate or incomplete information will affect the decision of the Crisis Support Committee in awarding grants.

The application process includes an interview with the Crisis Support Committee. The applicant will be contacted to set up the interview, which may be done via conference call, and should include at least three committee members.

All information supplied on this application is available exclusively to the Crisis Support Committee. Release of this information requires the written consent of the applicant.

As a basic principle, the Crisis Support Committee will not grant any individual applicant more than one half of the amount available in the Crisis Support fund or account. This will insure that something is available for the next applicant.

The Crisis Support Committee will award grants based on (1) availability of funds; (2) financial need of applicant; (3) financial responsibility of applicant (4) value of grant in meeting applicants real needs; (5) interview assessment, and (6) validation of references.

The Committee may seek to assist the applicant in developing a personal budget, including an assessment of financial position and steps to get out of debt. Before granting any additional requests, the Committee shall provide this assistance.

See the Crisis Support Policy for CFBRAA policies relative to awarding grants.