

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

Save the completed Application to document file; send as an attachment via
email: rshe9@aol.com or cfbraa@gmail.com or regular mail to CFBRAA
P.O. Box 9435, Amarillo TX 79105

Questions please call 214-384-5050 or 806-655-3884

Applicant **Date** _____

Last Name: _____ First Name _____ MI _____

Address: Street _____ City _____ State _____ Zip _____

Email _____ Phone _____

Date of Birth _____

Number of Dependent Children (declared to the IRS) _____

Ages of Children living 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 Ex-Rancher

Street _____ City _____ State _____ Zip _____

Email _____ Phone _____

Financial Need

To whom 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?

How long have you been in this situation? _____

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)

All other sources of income: list sources and amounts of ALL other income, including Child Support, Food Stamps, Part Time work, Disability, HUD, Unemployment, and any other income.

Other resources available: (From what other sources have you applied for assistance?) Add additional page if needed.

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:

Expenses (Monthly)

List all monthly expenses by company, or person's owed money to with the amount: (For example: rent, utilities, phone, internet, cable TV, etc.)

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? Prefer other than family members.

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.

I agree to be open and honest with my answers to all questions ask on the application and by the committee members. To the best of my knowledge the information in this application is accurate and complete. I agree to all CFBRAA Crisis Support Policies and consent to interviews by CFBRAA committee members.

I give my permission for committee to contact any employer, references, and any sources of assistance or income. I agree to provide all supporting documentation to support my situation.

Signature _____ Date: _____

Signature of person filling out application. _____

If application is completed by other than the applicant or by phone, the applicant must verbally agree to the above statements and the **Application Guidelines** below.

Verbally agreed by _____ Date: _____

Name of Applicant

Last Name	First Name	Mid Init.
<u>Interview</u>		
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; 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 may include two or 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 applicant's 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.