

Special Needs Application
Special Needs Fund
Cal Farley's Boys Ranch Alumni Association

Copy completed Application to document file; send to Committee Chairman
as an attachment via email: "Michael Rogers" <gemrogers@embarqmail.com>

Applicant

Last Name _____ First Name _____ Mid Init. _____
Address _____
Street _____ Hm Tele _____
City _____ State _____ Zip _____
Email _____ Cell _____
Date of Birth _____ Number of Dependent Children _____
Ages of Children With You _____, _____, _____, _____, _____, _____

Relation to Cal Farley's Boys Ranch Alumni Association

Ex-Rancher
Years at BR _____ From _____ To _____

Family Member
Name of Ex-Rancher _____
Relation to Ex Rancher _____
Years at BR _____ From _____ To _____
Address of Ex-Rancher _____
Street _____ City _____
State _____ Zip _____
Phone _____

Financial Need

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

Name _____
Street _____
City _____ State _____ Zip _____
Phone _____

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 _____
Street _____ City _____
State _____ Phone _____
Contact Person _____
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 for which you have applied
(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 Special Needs Fund
in order to help other applicants in the future?

Y	N	Maybe
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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: _____

<p>Interview</p> <p>Interview Date _____ Location _____</p> <p>Alumni Association Members Included in the Interview</p> <p>Name _____</p> <p>Name _____</p> <p>Name _____</p> <p>Name _____</p> <p>Name _____</p> <p>Name _____</p>
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Last Name _____ First Name _____ Mid Init. _____

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 Special Needs Policies of the Association.

The limitation of benevolence funds may require that the Special Needs Committee reject certain applicants in the request for a grant. This application will serve to assist the Special Needs Committee in making decisions to award grants.

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 Special Needs Committee is obligated to confirm information supplied on this application. Inaccurate or incomplete information will affect the decision of the Special Needs Committee in awarding grants.

The application process includes an interview with the Special Needs 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 Special Needs Committee. Release of this information requires the written consent of the applicant.

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

The Special Needs 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 Special Needs Policy for CFBRAA policies relative to awarding grants.