



TO: JCCF Applicant
FROM: Justin Cowboy Crisis Fund
RE: JCCF Application

PLEASE READ THOROUGHLY BEFORE FILLING OUT APPLICATION

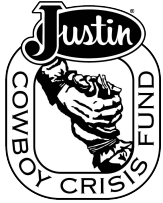
Enclosed is an application for the Justin Cowboy Crisis Fund (JCCF). Please fill it out as completely as possible and include any additional information that may assist the JCCF Board of Directors in reviewing your case. The JCCF was created to provide need based financial assistance to rodeo professionals 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. Because the JCCF does not have an extensive endowment, historically **the Fund has not covered medical bills but has concentrated on assisting with basic monthly living expenses for those who qualify for assistance.**

The board of directors takes the following into consideration when awarding assistance:

1. The nature, duration and success of your involvement and/or contribution to the sport of rodeo;
2. The nature and severity of your injury;
3. Your ability to do work other than rodeo to support you and/or your family;
4. The extent to which you have other means of support; and
5. Your current assets and liabilities.

Your case cannot be reviewed until we receive the following: a completed application, a statement from your doctor; and 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, the treatment of the injury, the prognosis for recovery and the time required until you can return to work and/or rodeo. If you have applied to another organization for assistance, The JCCF will not process your application until the other organization(s) has reviewed your case and made 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 JCCF, call **1-888-662-5223** or 719-593-8840.



**JUSTIN COWBOY CRISIS FUND
APPLICATION FOR FINANCIAL ASSISTANCE**

Are you a member of the PRCA or
WPRA? If yes, card # _____

Are you a member of any other
rodeo associations? If so, please list:

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone(Home) _____ (Cell) _____ (Work) _____ Email: _____

FAMILY: Marital Status (check one): Single _____ Married _____ Divorced _____

Spouse: _____ Age: _____ Employed? Yes _____ No _____

list income on page two

Children - List age and health of dependent children:

Do you receive any financial assistance from other family members? Yes _____ (list amt. on page 2)

No _____

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

RODEO INVOLVEMENT: (Please list your rodeo accomplishments here or on an attached sheet)

EMPLOYMENT: Do you have employment other than rodeo? Occupation _____

Will you be able to work while injured? Yes _____ No _____ If No, why? _____

If No, when will you be able to return to this job? _____ (list income on page two)

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 form for
this and/or submit a letter from your doctor on letterhead. Your application will not be reviewed until
this information is received.

What is your injury? _____

How, when and where did it happen? _____

How long will you be unable to participate in rodeo? _____

What will you be doing during your recovery? _____

What type of assistance are you requesting? _____

**Note: The JCCF is set up to cover monthly living expenses or other expenses related to a
rodeo injury for qualified applicants, it is not set up to cover medical expenses.**

MONTHLY INCOME (Before Injury)**MONTHLY PAYMENTS**

Rodeo income \$ _____
(average per month before injury)

Non rodeo income \$ _____
(other employment)

Sponsor income \$ _____
(if yearly, indicate)

Income from spouse's job \$ _____

Other family contributions \$ _____
to your monthly income

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

Other Income: \$ _____
(Unemployment, social security, workmen's
comp, 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? If so, explain

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

Rent or mortgage \$ _____

Food \$ _____

Utilities: Electric \$ _____

Water \$ _____

Gas/Heat \$ _____

Phone \$ _____

Taxes: Real Estate \$ _____

Other \$ _____

Insurance: Life \$ _____

Medical \$ _____

Auto \$ _____

Home \$ _____

Child Support \$ _____

Alimony \$ _____

Auto or horse trailer payments

Vehicle \$ _____

Vehicle \$ _____

Vehicle \$ _____

Credit Card Payments

Card \$ _____

Card \$ _____

Card \$ _____

Medical Bills Exceeding Coverage (estimate if possible)

\$ _____

Other monthly payments

\$ _____

\$ _____

Total Monthly Payments \$ _____

ASSETS		LIABILITIES (DEBT)	
Bank accounts: Checking	\$ _____	Home mortgage	\$ _____
Savings	\$ _____	Other mortgages (total owed)	\$ _____
C/Ds	\$ _____	Auto and/or horse trailer (total owed on each)	
Retirement savings (IRAs, etc.):	\$ _____	Vehicle _____	\$ _____
Other security investments:	\$ _____	Vehicle _____	\$ _____
Life Insurance		Vehicle _____	\$ _____
Face value	\$ _____	Credit Card Payments (list total balances on each)	
Surrender value	\$ _____	Card _____	\$ _____
Autos Year & Make value		Card _____	\$ _____
Car #1 _____	\$ _____	Card _____	\$ _____
Car #2 _____	\$ _____	Card _____	\$ _____
Car #3 _____	\$ _____	Card _____	\$ _____
Horse trailer or other equipment (describe)	\$ _____	Other Loans (describe loan and total owed)	
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Home: Current Value	\$ _____	Medical Bills Exceeding Coverage	
Other real estate (describe & list value)	\$ _____	(describe & list total owed)	
_____	\$ _____	_____	\$ _____
Other personal property (describe & list value)	\$ _____	_____	\$ _____
_____	\$ _____	Other debts (describe debt and list total owed)	
_____	\$ _____	_____	\$ _____
Total Assets:	\$ _____	_____	\$ _____
Less Total Liabilities	\$ _____	_____	\$ _____
Net Worth	\$ _____	_____	\$ _____
		Total Liabilities	\$ _____

OTHER ASSISTANCE

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

If so, which organization?

Status of
Application: _____

Amount of Assistance granted: _____

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, business or medical information related to this injury of any kind whatsoever, or concerning any matter which the Justin Cowboy Crisis Fund may desire.

Applicant _____ Date: _____

If applicant is unable to sign:

Signed by: _____ Date: _____

Relationship to applicant: _____

Phone number of applicant signer: _____

Return Completed Application to:

Justin Cowboy Crisis Fund
101 Pro Rodeo Drive
Colorado Springs, CO 80919

Email: jccfinfo@prorodeo.com
Fax: 719.548.4876

JUSTIN COWBOY CRISIS FUND

PHYSICIANS STATEMENT (to accompany application for assistance)

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

Patient Name: _____

Date of Injury: _____

Nature of Injury: _____

Circumstances surrounding injury: _____

Surgery Date: _____

Rehab Period: _____

Treatment: _____

Prognosis: _____

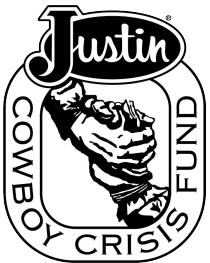
Date patient can return to work and/or rodeo competition: _____

Notes: _____

Physician Name (print): _____ Physician Signature: _____

Physician Contact Phone Number: _____

PLEASE RETURN TO:



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Colorado Springs, CO 80919

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Fax: 719.548.4876