

**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](mailto:rshe9@aol.com) or [cfbraa@gmail.com](mailto:cfbraa@gmail.com) or regular mail to CFBRAA  
603 Sunlight Dr., Arlington, TX 76006

Questions please call 214-384-5050 or 817-739-6590

**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)

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 following statement:

Verbally agreed by \_\_\_\_\_ Date: \_\_\_\_\_

Name of Applicant

| Last Name  | First Name     | Mid Init. |
|--|----------------|-----------|
| <b><u>Interview</u></b>                              |                |           |
| 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.