

SOUTHERN CRUISERS AUTO AND TRUCK CLUB OF STATESBORO, GA. INC.

Mailing address: 228 East Main Street, Statesboro, GA 30458

APPLICATION FOR AID

It is the policy of the Southern Cruisers to provide financial aid to deserving individuals with medical related problems without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

APPLICANT NAME:

AGE:

ADDRESS:

STREET:

CITY:

STATE:

ZIP CODE:

PHONE NUMBER:

PARENT/GUARDIAN NAME (if applicant is a minor):

DO YOU RENT OR OWN YOUR HOME?

LANDLORD'S NAME AND PHONE NUMBER (if rent):

PLACE OF EMPLOYMENT:

YEARS OF EMPLOYMENT:

WOULD YOU BE WILLING TO SIGN A MEDICAL AND FINANCIAL RELEASE FORM?
(This form grants us the ability to inquire about health and financial matters.)

PRIMARY DOCTOR'S NAME:

PRIMARY UTILITY COMPANY:

WHAT OTHER AID IS BEING REQUESTED OR RECEIVED:

WHAT IS THE BEST MEANS AND TIME TO DISCUSS THIS APPLICATION?

**SOUTHERN CRUISERS AUTO AND TRUCK CLUB
OF STATESBORO, GA. INC.**

APPLICATION FOR AID

PAGE 2.

WHAT IS APPLICANT'S PRIMARY REASON FOR APPLYING FOR FINANCIAL AID?

WHAT IS APPLICANT'S MEDICAL CONDITION?

Southern Cruisers Car Club of Statesboro, GA, Inc.

MEDICAL AND FINANCIAL INFORMATION RELEASE FORM

I am applying for financial help from Southern Cruisers Car Club. As part of my application, I need to provide financial information and general information about my family's medical problems. Please provide Southern Cruisers with information about the cash and noncash financial assistance my household receives. Please provide them with relevant information about medical conditions and compliance. This information may be shared via phone or email.

This release of information is valid for three months.

Thank you.

APPLICANT NAME

SIGNATURE

PARENT/GUARDIAN NAME
(If applicant is a minor)

SIGNATURE

DATE