

**Southern Cruisers**  
Auto and Truck Club, Statesboro, GA  
228 East Main Street  
Statesboro, GA 30458

## Application for Aid

The Southern Cruisers provides charitable aid to individuals with qualifying health/medical related conditions. The charitable benefits committee evaluates all applications based on the applicant's need and makes recommendations to the club. The selected applicant(s) for Southern Cruisers charitable aid will be awarded without regard to any legally protected status such as race, color, religion, gender, national origin, age, or veteran status.

Applicant Name \_\_\_\_\_ Application Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Applicant age \_\_\_\_\_

Parent or Guardian (if applicant is a minor) \_\_\_\_\_

Applicant's Health Condition/Medical Diagnosis \_\_\_\_\_

Requested charitable aid will be used for what purpose(s)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you rent or own your home? \_\_\_\_\_

If renting, Landlord Name \_\_\_\_\_ Landlord Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Years with Employer \_\_\_\_\_

Have you requested or are you receiving aid from other sources? Y N

Who? \_\_\_\_\_ Amount \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Contact \_\_\_\_\_

(Attach the completed and signed Medical and Financial Information Release Form)

# Southern Cruisers

## Auto and Truck Club, Statesboro, GA,

### Medical and Financial Information Release Form

Part of the application to Southern Cruisers for charitable aid requires verification of medical and financial information. Please verify and accurately submit the following.

**Note: Submitting this form authorizes Southern Cruisers to verify the information provided.**

Health Condition/ Medical Diagnosis \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_ Date Treatment Started \_\_\_\_\_

Prescribed Ongoing Treatment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Monthly Household Income/Compensation.....\$

Monthly Household Expenses (list expense type and amount below).

\_\_\_\_\_ \$

\_\_\_\_\_ \$

\_\_\_\_\_ \$

\_\_\_\_\_ \$

\_\_\_\_\_ \$

\_\_\_\_\_ \$

\_\_\_\_\_ \$

***I Authorize Southern Cruisers to use beneficiary's name and photograph in future club promotion and fund raising activities. Yes \_\_\_\_\_ No \_\_\_\_\_ (Initial one)***

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_  
(If applicant is a minor)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Attach additional supporting information as appropriate)