



# NHSRA CRISIS FUND

DATE: \_\_\_\_\_

NHSRA MEMBERSHIP #: \_\_\_\_\_

ARE YOU OR THE PERSON ON WHOSE BEHALF YOU  
ARE APPLYING A MEMBER OF THE NHSRA  
IN GOOD STANDING?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

## APPLICATION FOR FINANCIAL ASSISTANCE

Full name of the NHSRA member: \_\_\_\_\_

Member's Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/ Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of person filing application: \_\_\_\_\_

Relationship to member: \_\_\_\_\_

### REASON FOR REQUESTING ASSISTANCE:

Please explain the reason you are applying for assistance. Indicate if injury, death, permanent disability, etc. Attach physician's statement of all injuries. If disability, give starting date and nature of disability.

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

Amount of requested assistance: \$ \_\_\_\_\_

### INCIDENT AND RODEO INFORMATION:

Was accident or injury rodeo related or while traveling to/from the rodeo? \_\_\_\_\_

Was the rodeo an NHSRA sanctioned event? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Location where accident or injury occurred (please list arena, city, state, location of accident) :

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

Describe the type of accident or how the injury occurred: \_\_\_\_\_

\_\_\_\_\_

What is the prognosis of the injury: \_\_\_\_\_

\_\_\_\_\_

Submit Form To: NHSRA Attn: Melissa Wolf 12011 Tejon Street, Suite 900 Denver, CO 80234 [melissa@nhsra.org](mailto:melissa@nhsra.org)