

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)

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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)