



**NATIONAL INTERCOLLEGIATE RODEO FOUNDATION
INJURED ATHLETE RELIEF FUND**
Application for Financial Assistance

(1)
Name _____ NIRA # _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ - _____ Social Security #

School Attending _____ Year (circle) 1 2 3 4 5

Married _____ w/ # of Dependents _____ Single _____ Dependents _____
If you are a dependent complete the following:

Parent (s)
Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ - _____ Social Security #

(2) Reason for requesting assistance. If disability, give date of injury, and physician's statement.

(3) Dependents

If you have dependents, please list. Include wife/husband, children, and any relative living with you who is not self-supporting.

| Name | Relationship | Age | Employed (yes/no) |
|-------|--------------|-------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(4)

If you are considered a dependent of your parent (s), they must provide the following information, and complete the following pages.

- Include parents, siblings

| Name | Relationship | Age | Monthly amount contributed to your support \$ |
|-------|--------------|-------|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

(5)

I have no assets or resources other than those disclosed in this application. If assistance is furnished as a result of this application, I agree to notify the National Intercollegiate Rodeo Foundation of any changes in status with respect to property or income. I hereby authorize any person, firm, corporation, agency or institution to furnish the National Intercollegiate Rodeo Foundation's Injured Athlete Fund any and all information in its possession relating to my assets, deposits, dealings, or business of any kind whatsoever, or concerning any matter which the National Intercollegiate Rodeo Foundation Injured Athlete Relief Fund may desire.

Applicant's signature _____

Date _____

Return completed application to:

**NATIONAL INTERCOLLEGIATE RODEO FOUNDATION
INJURED ATHLETE RELIEF FUND
2033 WALLA WALLA AVE
WALLA WALLA, WA 99362
509-529-4402**