



## Justin Cowboy Crisis Fund

101 Pro Rodeo Drive Colorado  
Springs, CO 80919 Phone:  
(888) 662-5223  
Fax: (719) 264-4926  
Email: [jccfinfo@prorodeo.com](mailto:jccfinfo@prorodeo.com)

TO: JCCF Applicant  
FROM: Justin Cowboy Crisis Fund  
RE: JCCF Application

### **PLEASE READ THOROUGHLY BEFORE FILLING OUT APPLICATION**

Enclosed is an application for the Justin Cowboy Crisis Fund. Please fill it out as completely as possible and include any additional information that may assist the full JCCF Board of Directors in reviewing your case. The Justin Cowboy Crisis Fund was created to provide need based financial assistance to rodeo professionals injured through their participation in the sport.

**Assistance is not retroactive and if you qualify for assistance it will be awarded based on the date of your application, not your injury.** Additionally, the JCCF is designed to help individuals and their families through a crisis situation and the maximum period of assistance is 12 months. The review process is extensive so it may take a period of time to review your application, you will be contacted when the process is complete. Because JCCF does not have an extensive endowment, historically **the fund has not covered medical bills but has concentrated on assisting with basic monthly living expenses for those who qualify for assistance.**

#### **The board of directors takes the following into consideration when awarding assistance:**

1. The nature, duration and success of your involvement with or your contribution to the sport of rodeo;
2. The nature and severity of your injury;
3. Your ability to do work other than rodeo to support you and/or your family;
4. The extent to which you have other means of support;
5. Your current assets and liabilities.

**Your case cannot be reviewed until we receive the fully completed application, a statement from your doctor, a statement from you outlining your needs and information regarding other assistance you may be receiving.** The statement from your doctor needs to state how the injury occurred, the treatment of the injury, the prognosis for recover, and the time required until you can return to work and or rodeo. If you have applied to another organization for assistance, JCCF will not process your application until the other organization(s) has reviewed you case and made a final decision. The fund is in regular contact with other groups that provide assistance.

Please keep a copy of your application so if we contact you with questions you can refer to it. If you have any questions regarding the application or the Justin Cowboy Crisis Fund, call **1-888-662-5223** or 719.528.4726



**JUSTIN COWBOY CRISIS FUND  
APPLICATION FOR FINANCIAL ASSISTANCE**

Are you a member of the PRCA?

If yes, card # \_\_\_\_\_

Are you a member of any other rodeo associations? If so, please list:  
\_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_ Email: \_\_\_\_\_

**FAMILY:** Marital Status (check one): Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

Spouse: \_\_\_\_\_ Age: \_\_\_\_\_ Employed? Yes \_\_\_\_\_ No \_\_\_\_\_

*list income on page two*

Children: List age and health of dependent children:  
\_\_\_\_\_

Do you receive any financial assistance from other family members? Yes \_\_\_\_\_ (list amt. On page 2)

No \_\_\_\_\_

Please note any other family issues that may affect your financial situation \_\_\_\_\_

**RODEO INVOLVEMENT:** (Please list your rodeo accomplishments here or on attached sheet)  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT:** Do you have employment other than rodeo? Occupation \_\_\_\_\_

Will you be able to work while injured? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why? \_\_\_\_\_

If not, when will you be able to return to this job? \_\_\_\_\_ list income on page two

**REASON FOR REQUESTING ASSISTANCE:** (Please list the date, location and nature of your injury. Also include activity that resulted in injury, time expected for healing and enclose documentation from your physician listing the injury, treatment received and prognosis. You may use the attached included form for this or submit a letter from your Dr. on letterhead. Your application will not be reviewed until this information is received.)

What is your injury? \_\_\_\_\_

How, when and where did it happen? \_\_\_\_\_

How long will you be unable to participate in rodeo? \_\_\_\_\_

What will you be doing during your recovery? \_\_\_\_\_

What type of assistance are you requesting? \_\_\_\_\_

**Note: JCCF is set up to cover monthly living expenses or other expenses related to a rodeo for qualified applicants, it is not set up to cover medical expenses.**

**MONTHLY INCOME (before injury)**

**MONTHLY PAYMENTS**

Rodeo income \$ \_\_\_\_\_  
(average per month before injury)

Non rodeo income \$ \_\_\_\_\_  
(other employment)

Sponsor income \$ \_\_\_\_\_  
(if yearly, indicate)

Income from spouse's job \$ \_\_\_\_\_

Other family contributions \$ \_\_\_\_\_  
to your monthly income

Interest \$ \_\_\_\_\_  
(from CD's, savings, etc)

Other Income: \$ \_\_\_\_\_  
(Unemployment, social security, workmen's  
comp, veteran's benefits, accident insurance,  
etc)

Name source \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_

Less Monthly Payments \$ \_\_\_\_\_

Surplus or deficit \$ \_\_\_\_\_

Do you foresee any change in this monthly  
income in the next 12 months? If so, explain

If the above indicates a deficit, how are you  
presently covering your monthly expenses?

Rent or mortgage \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Utilities: Electric \$ \_\_\_\_\_

Water \$ \_\_\_\_\_

Gas/heating oil \$ \_\_\_\_\_

Phone \$ \_\_\_\_\_

Taxes: Real Estate \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Insurance: Life \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Auto \$ \_\_\_\_\_

Home \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Alimony \$ \_\_\_\_\_

Auto or horse trailer payments  
Vehicle \_\_\_\_\_ \$ \_\_\_\_\_

Vehicle \_\_\_\_\_ \$ \_\_\_\_\_

Vehicle \_\_\_\_\_ \$ \_\_\_\_\_

Credit Card Payments  
Card \_\_\_\_\_ \$ \_\_\_\_\_

Card \_\_\_\_\_ \$ \_\_\_\_\_

Card \_\_\_\_\_ \$ \_\_\_\_\_

Medical Bills Exceeding Coverage (estimate if possible)  
\$ \_\_\_\_\_

Other monthly payments  
\$ \_\_\_\_\_

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

Total Monthly Payments \$ \_\_\_\_\_

**ASSETS****LIABILITIES (DEBT)**

Bank accounts: Checking \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_

C/D's \$ \_\_\_\_\_

Retirement savings (IRA's, ect) \$ \_\_\_\_\_

Other security investments: \$ \_\_\_\_\_

Life Insurance

Face value \$ \_\_\_\_\_

Surrender value \$ \_\_\_\_\_

Autos Year & Make value  
Car #1 \_\_\_\_\_ \$ \_\_\_\_\_

Car #2 \_\_\_\_\_ \$ \_\_\_\_\_

Car #3 \_\_\_\_\_ \$ \_\_\_\_\_

Horse trailer or other equipment (describe)  
\_\_\_\_\_ \$ \_\_\_\_\_

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

Home: Current Value \$ \_\_\_\_\_

Other real estate (describe & list value)  
\_\_\_\_\_ \$ \_\_\_\_\_Other personal property (describe & list value)  
\_\_\_\_\_ \$ \_\_\_\_\_

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

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

Total Assets: \$ \_\_\_\_\_

Less Total Liabilities \$ \_\_\_\_\_

Net Worth \$ \_\_\_\_\_

Home mortgage \$ \_\_\_\_\_

Other mortgages (total owed) \$ \_\_\_\_\_

Auto and/or horse trailer (total owed on each)

Vehicle \_\_\_\_\_ \$ \_\_\_\_\_

Vehicle \_\_\_\_\_ \$ \_\_\_\_\_

Vehicle \_\_\_\_\_ \$ \_\_\_\_\_

Credit Card Payments (list total balances on each)

Card \_\_\_\_\_ \$ \_\_\_\_\_

Card \_\_\_\_\_ \$ \_\_\_\_\_

Card \_\_\_\_\_ \$ \_\_\_\_\_

Card \_\_\_\_\_ \$ \_\_\_\_\_

Other Loans (describe loan and total owed)

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

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

Medical Bills Exceeding Coverage  
(describe & list total owed)

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

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

Other debts (describe debt and list total owed)

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

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

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

Total Liabilities \$ \_\_\_\_\_

**OTHER ASSISTANCE**

**Have you applied for, or received assistance from any other rodeo related charity? Yes No**

**If so which organization?**

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**Status of  
Application:** \_\_\_\_\_

**Amount of Assistance granted:** \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN:**

*I agree that this application has been filled out correctly and all information contained is true to the best of my knowledge. I have no assets or resources other than those disclosed in this application for myself and/or my spouse. If assistance is furnished as a result of this application, I agree to notify the Justin Cowboy Crisis Fund of any changes in status with respect to property or income. I hereby authorize any person, firm, corporation, agency or institution to furnish the Justin Cowboy Crisis Fund any and all information in it's possession relating to my assets, deposits, dealings or business of any kind whatsoever, or concerning any matter which the Justin Cowboy Crisis Fund may desire.*

**Applicants**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If applicant unable to sign:**

**Signed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

**Phone number of applicant signer:** \_\_\_\_\_

**Return Completed Application to:**

**Justin Cowboy Crisis Fund  
101 Pro Rodeo Drive  
Colorado Springs, CO 80919  
Fax: 719-264-4926**

**For questions contact:**

**Justin Cowboy Crisis Fund, Executive Director  
719-528-4726, email: [jccfinfo@prorodeo.com](mailto:jccfinfo@prorodeo.com)**



# JUSTIN COWBOY CRISIS FUND

Physicians Statement  
to accompany application for assistance

The Justin Cowboy Crisis Fund is a 501-c-3 non-profit organization with the mission of assisting injured rodeo athletes. The Justin Cowboy Crisis Fund examines all financial and medical circumstances of an applicant before deeming that applicant eligible for living assistance from and injury received through their participate in rodeo. Please fill out the following information and submit it to the Justin Cowboy Crisis Fund as it is necessary to complete review of the application.

Patient Name \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Circumstances surrounding injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment: \_\_\_\_\_

\_\_\_\_\_

Prognosis: \_\_\_\_\_

\_\_\_\_\_

Date patient can return to work and/or rodeo competition: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

Physician Name (print) \_\_\_\_\_ Physician Signature \_\_\_\_\_

Physician Contact Phone Number: \_\_\_\_\_

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Questions:  
**Justin Cowboy Crisis Fund**  
**[jccinfo@prorodeo.com](mailto:jccinfo@prorodeo.com)**  
**719.593.8840**