

Cauliflower Alley Club Benevolent Fund Request Form

The form must be completed before the CAC can consider financial assistance. If further information is required, we will contact you by telephone. Once completed all information shown below will remain strictly confidential and will not be made public. This information is used only to determine if your situation qualifies for financial assistance under the guide lines of the CAC Benevolent Fund. You do not have to be a CAC member; however, due to limited funds members receive priority consideration.

Full Name _____
Address _____ **City** _____ **State** _____ **Zip Code** _____
Phone Number _____ **Email Address** _____

Have you worked in pro wrestling acting boxing other (please specify) _____
If you wrestled, what was your professional name _____
If you worked in a non-wrestler capacity, what was your job? _____
If you were a wrestler or boxer, who trained you _____

Are you a Member of the Cauliflower Alley Club at this time? Yes No
If NO, were you ever a member? Yes No. If YES, what years? _____
Why did you not renew your membership? _____

Is this a medical or health-related situation? Yes No
Do you have health insurance Yes No Type of coverage: _____
What medical condition were you diagnosed with _____
If not medical, what expense do you need assistance with _____
Is this situation Long Term Short Term Unknown at this time
What is your average monthly income \$ _____ Monthly expense \$ _____

How much money are you requesting? \$ _____

Are you: Employed Unemployed Lost job Injured at work Unable to work Retired
If employed, who is your employer? _____

If this need involves a Mortgage or Rental Company, please provide that contact information:
Name _____
Address _____
City _____ State _____ Zip Code _____ Phone Number _____

Who informed you of the CAC Benevolent Fund: Name _____ Phone number _____

NOTE: By your signature below, you certify that you have answered the above questions completely and correctly, to the best of your knowledge. Furthermore, you authorize the Cauliflower Alley Club to contact any or all individuals or companies named above to verify any information. You understand that any misleading or false information will disqualify you from consideration.

Signature _____ **Date** _____

Once this form is complete, scan / email to Morgan Dollar at:
morgan@caulifloweralleyclub.org
Or mail to
CAC Benevolent Fund - 383 Hwy 00 Rolla, MO 65401