

# Rudi's Mates:

The Mark Rudiger Sailing Family Fund

## Grant Application

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### Contact Information

Applicant's Name		Application Date	
Social Security No.			
Street Address			
City State ZIP			
Email Address		Home Phone	
Work Phone		Mobile Phone	

### Who are Rudi's Mates' Applicants

- Applicant's primary source of work must be within the sailing industry.
- Applicant must have been working in sailing industry within last 12 months.
- Applicant must have been working in sailing industry for minimum of 2 years.

### Criteria for Funding

- Injury, illness, or death of applicant or member of applicant's family, resulting in personal and financial hardship, which could include loss of income (work).
- Natural/manmade disaster that results in loss of home/dwelling, creating personal and financial hardship.
- Applicant must be in immediate financial risk as a result of the aforementioned injury, illness, death, or disaster.

### Funding Note

All funding is based on available funds. Current 2012 funding level is \$2,500–\$10,000.

If the above description and criteria cannot be completely fulfilled by the applicant, please explain:

Is this grant application for yourself or a family member?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

How long has applicant been employed in sailing industry? years/months \_\_\_\_\_

Place of employment in sailing industry: \_\_\_\_\_

Is the applicant still working? \_\_\_\_\_



## Financial Information

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Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Health Insurance

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Private \_\_\_\_\_ Monthly Premium: \$ \_\_\_\_\_ Medicare \_\_\_\_\_ Part A \_\_\_\_\_ Part B \_\_\_\_\_

Other (specify): \_\_\_\_\_

### Assistance

Are you currently receiving assistance from any public or private agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes:	Applicant	Spouse/Partner
SSI	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
AFDC/General Assistance	\$ _____	\$ _____
Veteran's Benefits	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Child/Spousal Support	\$ _____	\$ _____

Unemployment, Private Disability, State Disability, Other (specify):  
\_\_\_\_\_

### Wages (if any)

	Applicant	Spouse/Partner
Monthly Gross	\$ _____	\$ _____
Monthly Net	\$ _____	\$ _____
Last Year's Adjusted Gross Income	\$ _____	\$ _____

### Home Ownership

Current Market Value: \$ \_\_\_\_\_

1<sup>st</sup> Mortgage: \$ \_\_\_\_\_ 2<sup>nd</sup> Mortgage \$ \_\_\_\_\_

Joint Ownership: Yes \_\_\_\_\_ No \_\_\_\_\_

Other Property Owned: \_\_\_\_\_

**Assets**

	Applicant	Spouse/Partner
Checking Account:	\$ _____	\$ _____
Savings Account:	\$ _____	\$ _____
Investments:	\$ _____	\$ _____
Stocks/Bonds:	\$ _____	\$ _____
Business Assets:	\$ _____	\$ _____
Life Insurance: \$ _____ Cash Value:	\$ _____	\$ _____
<b>Total</b>	\$ _____	\$ _____

**Major Monthly Expenses**

Rent/Mortgage/Utilities:	\$ _____
Food/Household/Personal:	\$ _____
Medical Expenses:	\$ _____
Transportation (car payment, gas, tolls, fares):	\$ _____
Daycare (children, seniors, disabled):	\$ _____
Child/Spousal Support (owed):	\$ _____
Other: _____	\$ _____

**Debt**

<b>Bills in Collection</b>			
To Whom	Initial Total	Balance Due	Monthly Payments
<b>Outstanding Bills</b>			
To Whom	Initial Total	Balance Due	Monthly Payments
<b>Projected Expenses</b>			
To Whom	Amount (or estimated amount)		
<b>Projected Financial Debt (due to impact of injury/disability/death)</b>			