

NSBA TRAINERS CRISIS FUND

Application for Assistance

Name of NSBA member requesting assistance_____

Address_____

Name of NSBA Referral (Area Director or National Director) _____

Date of disaster, hardship or illness_____

Severity of disaster, hardship or illness_____

Availability of Insurance_____

Other sources of income or support available_____

How can we best help you? _____

Monetary support_____

Financial counseling_____

Personal support group_____

Clothing_____

Equipment_____

Household supplies_____

Other trainer temporary support_____

Other_____

I hereby certify that the above information is correct. I understand that I maybe asked to provide financial information and previous year's tax return. I will waive and hold the Association harmless from any and all alleged liability in connection with my request for assistance. This waiver extends to any and all action taken or not taken with respect to this application (and whether or not assistance is granted). In this regard, I acknowledge that whether or not I am determined to be eligible for assistance, and whether or not assistance is given, are matters solely within the absolute direction of the Crisis Fund Committee. For purposes of this waiver and hold harmless agreement, the term "Crisis Fund Committee" shall include the National Snaffle Bit Association and any of its employees, officers or agents.

Date_____ Signature_____