



# NSBA TRAINERS CRISIS FUND

## Application for Assistance

Name of NSBA member requesting assistance \_\_\_\_\_

Address \_\_\_\_\_

Contact Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name of NSBA Referral (Area Director or National Director) \_\_\_\_\_

Referral Contact Telephone/Email \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

Return form to: [office@nsba.com](mailto:office@nsba.com) or 1391 St Paul Ave, Gurnee, IL 60031 847-623-6722