

CASE # _____

THE BENEVOLENT FUND OF MOTORSPORTS, INC.

APPLICATION FOR ASSISTANCE

Name _____ Social Security # _____

Address _____ Phone # _____

City _____ State _____ Zip _____

PROFESSIONAL AFFILIATION

Applicant is: (Please check one)

Motorsports Participant _____ Relative of Indy Car Participant _____

If relative of Indy Car Participant, please state relationship _____

Name of participant _____

Sanctioning body _____ Years licensed _____

MARITAL STATUS

Married _____ Single _____

Dependents: Names, ages and relationship

REASON FOR REQUESTING ASSISTANCE

Include nature of illness, injury or circumstances regarding death:

DATE OF OCCURENCE _____

CURRENT FINANCIAL STATUS

Occupation _____

Present Employer _____

Address _____

Phone _____ Contact Name _____

Has employment stopped due to this problem _____

Date employment stopped _____ Date employment resumed _____

Worker's Compensation benefits - Weekly Amt. _____ Term: _____

Disability benefits - Weekly Amt. _____ Term: _____

Unemployment benefits - Weekly Amt. _____ Term: _____

Other sources of income and assistance _____

Veterans Compensation \$ _____ Medicare \$ _____

Social Security Benefits \$ _____ Pension \$ _____

1. Please furnish last pay stub if available.

2. Please furnish copy of income tax returns for last two years.

3. Please furnish a list of expenses and financial obligations.

Signature: _____

Date: _____

If applying on behalf of person needing assistance:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship to Applicant: _____

Signature: _____

I authorize any physician, medical practitioner, hospital, clinic, Veteran's Administration facility, other medically related facility having information available as to diagnosis, treatment, and prognosis with respect to any physical condition and/or treatment of me to give to The Benevolent fund of Motorsports, Inc. any and all such information.

Date _____ Signature _____

ALL APPLICATIONS WILL BE HELD IN CONFIDENCE. RETURN APPLICATION TO:
THE BENEVOLENT FUND OF MOTORSPORTS, INC.

P.O. BOX 42676
INDIANAPOLIS, IN 46242-2676
800-815-9513