

SPGCA Crisis Fund

The mission of The South Poll Grass Cattle (SPGCA) Crisis Fund is to assist South Poll members and their immediate family who are in need due to severe illness, injury, an accident, disaster, or death. This crisis fund falls under and is overseen by the South Poll Grass Cattle Association.

To be eligible for assistance, an applicant must be a SPGCA member in good standing. However, in the case of a deceased member meeting the foregoing requirements, then an application may be made by a surviving spouse. Crisis fund requests can also be submitted by a fellow SPGCA member who wants to apply for aid to be sent to the SPGCA member in need. SPGCA members should encourage fellow members in need to apply.

The crisis aid is not intended to relieve a member's financial distress, but to grant some relief and show support from SPGCA. If an applicant meets the eligibility requirements, \$200 per calendar year per household will be granted.

Application / Review Process / Criteria:

1. Applicant applies to SPGCA for crisis funds, or a fellow SPGCA member can request and fill out an application for the SPGCA member in need. Cases will be reviewed by the SPGCA Crisis Fund Committee.
2. The Applicant's name will be kept confidential to protect the privacy of the applicant.
3. Application evaluation:
 - The nature and severity of illness, injury, accident, or disaster.
 - The ability to do work to support the recipient and/or recipient's family.
 - Number of children or other dependents comprising the family of the recipient.
 - Any sources of additional information requested.
 - Only one member per household may apply and receive funds.
4. The SPGCA Committee will then notify the applicant regarding the decision.

FOR QUESTIONS CONTACT: Sunshine Shanks, phone: (573) 578-0948, email: sunshinshanks@yahoo.com or Ivey Dean, phone: (256) 996-3972, email: iri0001@auburn.edu

SPGCA Crisis Fund Application

Name

Email

Phone Number

SPGCA Membership/Breeder Number

Mailing Address

Spouse Name

Number of Dependent Children

Reason for Requesting Assistance

Describe illness, injury, accident, or disaster.

Name of Person Submitting Form

Contact Information

Signature

Date