VON HAWKS RISING INC.

APPLICATION FOR ASSISTANCE

## About Von Hawks Rising Inc. (VHR):

Von Hawks Rising Inc. is a 501c3 organization dedicated to raising funds for families of

children impacted by extreme illness or traumatic experiences. VHR is comprised of a Board, Committees, and a southern Oklahoma rock cover band. The VHR Band uses its gifts and talents to entertain while raising funds to assist families. Funds raised are distributed through the VHR Assistance Application.

## Nomination Criteria:

1. The child must be under the age of 18 at the time of application.
2. The child and their family must reside in the state of Oklahoma.
3. The child’s family must show financial hardship due to the nominated child’s condition.

VHR will not accept photos of documents. Documents must be scanned to a pdf and emailed, or mail documents to the VHR address:

**PO Box 1461, Duncan, OK 73534-1461**

or

**vonhawksrising@gmail.com**

## Application checklist:

* Print the application and complete in blue or black ink; print legibly.
* Before you submit the application, please ensure to the best of your ability you complete each section of this application.
* Include a photocopy of the nominated child’s birth certificate to verify age.
* Include a copy of the first two pages of the family’s most recent income tax return.
* Signed letter on official letterhead from nominated child’s primary physician’s office stating the medical condition/diagnosis.
* Additional documentation that will support the application, reference letter.
* If applying for more than one child a separate application is required.
* Child’s parent(s) or legal guardian must sign application.

### *VHR INC ASSISTANCE APPLICATION (Confidential)*

# PLEASE TELL US:

How did you find out about VHR? Internet Friends/Relative Newspaper Website Event Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ *(Please circle one)*

Have you ever applied in the past for VHR assistance application? Yes \_\_\_ No \_\_\_. If yes, when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

# Section 1: Nominated Child’s Information

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The nominated child currently resides with *(Please circle one)* Parent(s) Mother

Father Legal Guardian Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race and Ethnicity: \_\_\_\_African American \_\_\_\_American Indian/Alaska Native

\_\_\_\_Asian \_\_\_\_Hispanic \_\_\_\_Native Hawaiian/Pacific Islander \_\_\_\_White

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Month/Date/ Year Age

(Attach a copy of the nominated child’s birth certificate to show proof of age)

# Section 2: Parent or Legal Guardian’s Information

Name of Parent/Guardian completing application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant: *(Please circle one)* Mother Father Legal Guardian

Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street address Apt# City, State, Zip Code

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Work Home

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of people residing at the address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 3: Medical Information

Describe your child’s medical condition/diagnosis or traumatic experience and a brief description of the medical treatment or services your child is currently receiving (attach separate page if necessary):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how you provide care for your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the hospital or facility where child receives care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and phone number of primary care Provider/Physician of child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of other doctors, nurses, or child life specialists who regularly see your child:

Name Position Phone

# Section 4: Employment and Income Information

Annual Household Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Must attach a copy of the first two pages of the family’s most recent tax return)

Name of Parent/Guardian’s employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian’s employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 5: Insurance Information

Is the child covered by Sooner Care or Medicaid? \_\_\_Yes \_\_\_No

Does your child have private pay Medical Insurance? \_\_\_Yes \_\_\_No.

If yes, what is the name of the insurance and parent that provides insurance?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child receive any disability payments? \_\_\_Yes \_\_\_No. If yes, what is amount? $\_\_\_\_\_\_\_\_\_\_

# Section 6: Other Granting Organizations Information

Have you applied for assistance from other organizations? \_\_Yes \_\_\_No. If yes, what was the name of the organization(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child received assistance from other organization(s) or companies?\_\_Yes \_No

If yes,

* what was the name of the organization(s) or companies?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* when was the assistance received? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Describe the type of assistance and if it was monetary the dollar amount received. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 7: Other Needs

To help the committee tailor the assistance to meet the needs of each family, please rank the following items in order of importance. 1 being the most important, 2 being second most important etc.

\_\_\_\_\_ Medical Expenses (including prescriptions) \_\_\_\_\_ Medical Equipment

\_\_\_\_\_ Vehicle (gas/maintenance) \_\_\_\_\_Household Necessities / Groceries

\_\_\_\_\_ Household bills (utility bill, rent/mortgage payment, etc.)

\_\_\_\_ Outstanding/overdue bills (provide documentation)

\_\_\_\_ Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Section 8: References**

Please list three references with contact information:

|  |  |
| --- | --- |
| **Name** | **Phone Number** |
|  |  |
|  |  |
|  |  |

# Section 9: Release

I hereby certify that the information I have provided in this application is true, correct, and complete. I hereby authorize Von Hawks Rising Inc., also known as VHR, or anyone acting on their behalf, to investigate the statements made in this application, any references provided herein, and to conduct any investigation regarding the existence of any record of criminal offenses committed by any individual 13 years of age or older and further authorize the release of such information without liability to Von Hawks Rising Inc. its affiliates and subsidiaries, and their respective officers, directors, employees, agents, successors and assigns, or any person acting under their authority. I HEREBY WAIVE, RELEASE AND DISCHARGE VON HAWKS RISING INC., ITS AFFILIATES AND SUBSIDIARIES, AND THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SUCCESSORS, AND ASSIGNS, OR ANY PERSON ACTING UNDER THEIR AUTHORITY (RELEASEES) FROM ANY LIABILITY ARISING FROM THE RELEASE OF SUCH INFORMATION, INCLUDING ANY LIABILITY THAT MAY ARISE FROM A NEGLEGENT ACT OR OMISSION OF RELEASEES.

Printed Name of Parent/Guardian Signature of Parent/Guardian Date

Printed Name of Parent/Guardian Signature of Parent/Guardian Date

This application will be considered without regard to race, color, religion, national origin, gender, sexual orientation, or marital status. If you have any questions regarding this application, please contact us via email at [vonhawksrising@gmail.com](mailto:vonhawksrising@gmail.com).

# FREQUENTLY ASKED QUESTIONS

Q: Can I nominate a family as a surprise?

A: No. Due to the confidential nature of the information required, the nominated child’s parent(s) or legal guardian(s) MUST fill out the application. However, please feel free to send the VHR application to the family you wish to nominate.

Q: What is a Letter of Support and is it required?

A: A Letter of Support is not required but can be written by anyone in the nominated child’s life. (i.e., nurse, teacher, therapist, family friend, or family member etc.) Letters of Support do not necessarily help or hurt an applicant; they just give additional information about the child and family being nominated. The person filling out the application may also write a letter if they wish to expand on any information listed in the application.

Q: What is the income requirement cutoff?

A: The income information is only a small part of the application process, and there is not a set cutoff amount. The VHR ACTS (Allow Compassion to Shine) Team considers ALL parts of an application when making a decision.

Q: Does my child’s grandparent, aunt/uncle, cousin, etc. qualify as family members to be included?

A: Family members eligible to be included are the nominated child’s parent(s)/legal guardian(s) and siblings under the age of 18 living in the household with the child.

Q: How will I be notified of my child has been selected?

A: The chosen applicant’s family will be notified by the contact information provided on the application by the date specified for that round of applications.

Q: If I have applied before and did not get chosen, does my application carry over to the next open round of applications?

A: No, Applications are accepted during set application periods, typically in February and August or as defined on the VHR website. Applications received during the open application process will be reviewed. Please check the website for open application dates and deadlines. Families cannot receive financial assistance more than once in 24 months.

Q: I am nominating siblings for VHR assistance. Do I need to complete separate applications?

A: Yes, each child being nominated will need a separate application.