



Imperial Rainbow Court of Northern Utah Transgender Fund Financial Assistance Application

Personal Information:

Applicant's Name: _____ Phone: _____

Applicant's Address: _____ (No P.O. Boxes)

_____ Zip Code: _____

The Imperial Rainbow Court of Northern Utah (IRCONU) is a non-profit organization for charitable and educational purposes.

The IRCONU makes determinations without regard to Race, Color, Sex, Age, Sexual Orientation, Gender Identity, Religion, National or Ethnic Origin.

The IRCONU Transgender fund is intended to help transgender members of the community with the expense of a Legal Name Change, Medications, Surgical Costs & Treatment for gender identity or gender reassignment. This is a one-time disbursement and is only presented upon approval of the application by the Board of Directors of the IRCONU.

If approved, the request of funds will be paid directly to your Doctor's Office, Therapist, Pharmacy or the state and not to the applicant. Copies of bills must accompany your application so that contact with these individuals for payment may be made if your application is approved.

Applications for assistance are required to be completed in full in order for us to process your request. (this includes providing any of the additional documents/statements outlined throughout)

Applications should be mailed to:

IRCONU
Attn: President of the Board
PO Box 3131
Ogden, UT 84409-3131

In lieu of mailing, please have delivered to the President of the Board of Directors only.
If sending electronically, please remit this application, along with all required documents/attachments to:

President@IRCONU.org

Emergency situations still require the completion of a Financial Application with documentation.

Any questions concerning the disbursement of funds or this application may be directed to any member of the Board of Directors or to the Board President.

Funds that allow us the ability to assist others are raised through numerous events held during the year. Please continue to support our efforts so that we can assist those in the community that need our assistance. For a current list of events please visit www.irconu.org

Transgender Fund Financial Assistance Request Form:
This form is to be used to request funds from the IRCONU.

What is the purpose of your request for assistance from the Imperial Rainbow Court of Northern Utah Transgender Fund?

____ - Assistance with Medical Bills (e.g. Doctor Visits, Therapy, Medications)

____ - Assistance with Legal Name Change

____ - Assistance with Surgical Costs.

Please complete all sections of this application -Include any documentation including copies of bills for the assistance you are requesting.

	Personal Financial Information		Documentation	Type of Bill	Amount Requesting	Approved/Denied
Monthly Income		(wages, disabilities, etc)			\$	
Monthly Expenses		(Rent, utilities, meds, etc.)			\$	
Difference (+/-)					\$	
					\$	
Other Income		(Other sources of Income)			\$	
					\$	
			Total of Request		\$	

Have you applied for assistance from any other agency or organization for the same reason? If so, were you approved or denied? _____ If denied, please attach letter of denial.

Completion of this application does not guarantee payment. If approved payment will be paid directly to your Doctor, Therapist, Pharmacy, or the State.

By signing this application, I understand that this application and understand that this is not a guarantee of payment. I understand that payment for these funds can only be made once in a lifetime.

APPLICANT SIGNATURE: _____

DATE: _____

PRESIDENT OF THE BOARD OF DIRECTORS: _____

DATE: _____

Date	Payee	Type of Bill	Approved /Denied	Fund Identification	Amount Distributed
				TOTAL	