

4Petesake Financial Assistance Summary

4PeteSake offers financial assistance to residents from the River Valley School District who find themselves in circumstances, through no fault of their own, for which assistance is needed. To date, all recipients have had medically related needs and this has become a focus of the organization. However, applicants experiencing other types of catastrophic circumstances are eligible.

The primary goal of assistance is to relieve financial stress so recipients can focus on healing. 4PeteSake assistance is intended to cover the applicant's basic needs. Examples include but are not limited to: mortgage payments, car payments, household expenses due to loss of work, medical expenses, etc.

In addition to financial assistance, 4Petesake may be able to work with the recipient(s) to coordinate additional services and negotiate with insurance companies, medical providers and other creditors.

4Petesake is run by a 9-member, unpaid, volunteer group. The independent committee is part of the public outreach program of Christ Lutheran Church, which gives 4PeteSake access to their 501(c)3 status, allowing contributions to be tax-deductible.

4Petesake's Mission: 4Petesake is organized for the purpose of providing relief to distressed River Valley residents in the form of assistance to persons with extraordinary financial needs who are unable, through no fault of their own, to provide for themselves. For example, 4Petesake's purpose may be fulfilled by providing assistance to persons who have extraordinary medical needs related to a disability or condition.

How to Apply

To apply for assistance from 4PeteSake, please fill out the attached application form.

Applications for assistance must be received by March 17, 2012. Mail the completed application form to: 4Petesake, P.O. Box 577, Spring Green, WI 53588.

Please fill in as much of the application as possible. Comprehensive information will expedite the evaluation process. Please type or print legibly. If you choose, you may complete the narrative portion of the application on a separate sheet and attach it to the application.

The Selection Process

All applications are reviewed by the Board of Directors of 4Petesake. The 4Petesake Board reserves the right to determine the number of recipients to be funded and the amount that each recipient will receive. Each year's allocation will vary depending on 4Petesake's financial position. Due to the limited financial resources of 4Petesake, all eligible applicants may not receive funding. Priority will be given to those eligible applicants demonstrating the greatest need as determined by the 4Petesake Board with the information available at the time the decision is made.

Applicants receiving funding will be notified by March 31, 2012. Applicants who do not receive funding will remain anonymous. Recipients must authorize 4Petesake, Inc. to use their name, photo and circumstances for promotional purposes. Recipients will be asked to participate in press coverage and other promotional activities as their health and circumstances allow.

Date: _____



Applicant Information

Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____

Email: _____

INFORMATION FOR PERSON COMPLETING THIS APPLICATION
(if different than applicant)

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Household Members Living With Applicant
(Please include parents, spouse, children, and any other close relatives)

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Friends or Family Members Willing to Participate in Fundraising Activities

Name	Relationship	Phone Number	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



I understand that the information in this application will be used by 4Petesake for the purpose of determining eligibility for assistance. I understand that 4Petesake makes the final determination of eligibility and the amount of award for payment or reimbursement. Since the amount in the Fund varies from year to year, I understand that I should not assume or make financial decisions based on the expectation that the Fund will pay.

I give permission to 4Petesake members and associated volunteers to contact any state agency, employer, medical provider, insurer, or any other contact to verify information and/or collect further information relevant to this application for the purpose of determining eligibility. I also understand that the information I have provided to 4Petesake may be shared with state human service agencies for such purposes as coordinating services, seeing if the applicant is eligible for other programs, and finding ways to pay for medical and other expenses.

I understand that I authorize 4Petesake, Inc. to use my name and photo for promotional purposes if I am chosen to receive assistance.

I HEREBY SWEAR THAT THE INFORMATION I HAVE PROVIDED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature

Print Full Name

Date

Nominator Signature (If applicable)

Print Full Name

Date

SUBMIT COMPLETED APPLICATION IN A SEALED ENVELOPE TO:

4Petesake
PO BOX 577
Spring Green, WI 53588