

Rockin on the River Foundation

Fed Tax Id# 81-3412609

3rd Annual Rockin on the River

2017 Recipient Application Packet

24399 Hwy 190, Po Box 37

Krotz Springs, La 70750

337-566-2800 Phone 337-566-0313 Fax

EMAIL: whitetailsrestaurant@gmail.com

Application Deadline is May 30th Recipient will be chosen by June 7th

- Rockin on the River is a non-profit organization that began its journey in 2016. Recipient preferences are extended to efforts that invite broad community and family support to volunteer and give for the sole purpose of helping a family burdened by substantial expenses due to a medical condition.
- A Fundraising effort is planned to benefit an individual/family residing in St. Landry, Pointe Coupee, or Evangeline Parishes whom have been burdened by a life-threatening illness or injury, resulting in substantial expenses related to a medical condition.
 - Fundraising efforts begin 3 months in advance allowing ample opportunity to build awareness of fund- raising activities, any and all family/friend volunteers will be coordinated to help with auction, raffles, and staffing.
- Applicants must submit their application with all required information for consideration, application deadline is May 30th, 2019 and a recipient will be chosen by June 7th, 2019.
- A volunteer committee has been formed with a designated leader willing to coordinate the submission of the applicants and serve as a communication link between recipients, volunteers and Rockin on The River Foundation.

Proceeds and Disbursements

This fund-raising event is put on by the Rockin on The River Foundation, a non-profit organization. All proceeds will be donated to the recipient chosen by the committee, only after all costs have been approved, paid and documented. The recipient will receive full disclosure of all transactions along with final reconciliation.

Disbursements will be paid by check from the Rockin on the River Foundation paid to the order of the recipient's name only. A benefit fund has been established for donation collection and management at American Bank and Trust in Krotz Springs, La 70750. All accounting and tax documents are recorded by Richard Urban
CPA,

Opelousas, La. 337-942-2154

Rockin on The River Event Line-Up

The benefit will kick-off on beginning with a 6-week Karaoke Contest held at Whitetails Bar and Grill. Each week one contestant is chosen by our panel of judges to move on to our Grand Finale which will be held in September (The actual benefit date). The Karaoke contest is a networking aspect of the benefit as we encourage people to follow the contest and can build awareness for the event. The activities for the event include bands, live and silent auctions, raffles, Karaoke Finale, food, fun jumps, a petting zoo and more.

Whitetails Bar and Grill, family, friends, your community and the ROR committee will come together to help someone in need. Please proceed to the following page to complete the application.

2019 Rockin on The River Foundation
Benefit Recipient Application

Personal Information about Recipient

Name: _____ Birthdate: _____ Phone# _____

Home Address: _____ Parish: _____ Length: _____

City: _____ State: _____

Age: _____ Gender: ___ MALE ___ FEMALE

Include the name(s) of all individuals living in the household with the applicant, include ages of children.

Medical Diagnosis/Condition

How have medical expenses and treatments created a financial hardship?

(Summarize here or attach a separate note) (Please give as much information as possible)

Date/time frame of original diagnosis:

Anticipated length of treatment:

Describe and list the names and phone numbers of people that would support and help with your benefit..

- 1.
- 2.
- 3.

Do you have medical insurance? Y/N Name of Provider: _____

With application please submit the following:

Have you or your immediate family had a benefit in the past five years? Y/N

Copy of Driver's license or other document verifying resident, name, age and recipient guardian if applicable

Copy Medical Report (verifying condition and provider info)

Monthly Expenses: Household \$ _____ Prescription \$ _____ Medical Bills \$ _____

Employment Status: _____ Gross Yearly Income \$ _____

By signing below, I confirm that the information listed on this page and the documents provided are accurate and true to the best of my knowledge, I give Rockin on The River Foundation authorization for the use of my photo, name and information summarizing my medical crisis for fundraising purposes.

Recipient Signature: _____ Date: _____

If Recipient is not the individual recipient, print name and relationship: _____

For Additional Information please contact: Tonia Dupre 337-945-3985 or Kacey Cox 337-207-9145
Applications may be dropped off, mailed, emailed or faxed
Rockin on the River, Po Box 37, Krotz Springs, La 70750
Fax#337-566-0313 Email: whitetailsrestaurant@gmail.com Phone#337-566-2800