



Scotties Rock Foundation, Inc.
 A 501(c)3 Non-Profit Charitable Organization
Pay it Forward Assistance Application

*Instructions: Please respond to the following questions as specifically as possible. All information must be completed in full in order for the application to receive consideration. Each item marked with an * must be answered.*

Email your completed application to:
ourscottiesrock@gmail.com

Or, mail it to:
 Scotties Rock Foundation, Inc.
 111 Duncan Lane
 Winchester, TN 37398-2516

Providing the requested information will allow the SRF Board to properly investigate the need, determine the veracity of the request, and evaluate the request based on its merits. By providing this information, you are consenting to using it in the manner described. We value your privacy and will not disclose your information to any third party other than for verification of your request.

First and Last Name*	
Street Address*	
City and State*	
Zip code*	
County*	
Cell Phone Number (with area code)	
Work Phone Number	

(with area code)	
Home Phone Number* (with area code)	
Email Address*	
Re-enter Email Address*	
How would you prefer that we contact you? *	
What is the name of the Scottie in need of assistance? *	
Please provide specific information about your situation and explain why you are requesting financial assistance for this dog: *	
Describe the type of assistance you are requesting and attach to this application copies of all estimates of the cost of medical expenses, surgical procedure, special food, etc.: *	
List the name and telephone number of the treating veterinarian who has knowledge of your dog's condition: * (ATTACH documentation of charges for treatment)	
How much funding are you requesting? *	
I affirm that I have read the Pay it Forward Guidelines and that I have exhausted all other financial means and require assistance*	<p>Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What other sources of assistance have you applied for? Gofundme, You Caring, Banfield Foundation, etc., and what is the total amount received at the time of this application:</p> <p>Do you have more than one source of income (Spouse, etc)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please explain:</p>

If your application is approved, please state how you intend to “Pay it Forward” to help others*	
I affirm that all the information contained on this application is true and correct. *	Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No
I agree that you may contact my veterinarian. *	Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No
My typed signature below indicates my full understanding of the above statements, and of the accuracy of all of the information contained in this application. *	
TYPE YOUR FULL NAME BELOW AS YOUR ELECTRONIC SIGNATURE. *	
Date of Application: *	
Please add any comments or questions you may have here.	

Scotties Rock Foundation, Inc. is an independent, tax exempt all volunteer charitable organization with IRS 501(c)(3) nonprofit status and registration in the State of Tennessee.