



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. 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 its use 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.

NOTE: Pay it Forward Assistance is considered a last safety net to provide help when all other possibilities have been exhausted. It is not a large fund nor is it intended to be a substitute for personal responsibility, pet insurance or other forms of public and private assistance.

Please note the following:

- Assistance is dependent on the need and the availability of Foundation funds.
- There will be a maximum allocation of \$3,000.00 per household within a 12-month period. The lifetime maximum household allocation is \$6,000.00

Email your completed application to:

ourscottiesrock@gmail.com

Or, mail it to:

Scotties Rock Foundation, Inc.
 209 S. Jefferson St., Suite 1094
 Winchester, TN 37398-1739

First and Last Name*	
Street Address*	
City, State and Zip Code*	
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, age and sex of the Scottie in need of assistance?*	
Please provide the names, age, sex and breed of ALL pets in the household *	
If you have pet insurance, please state the name of the insurance company, amount of deductible, and type of coverage *	Insurance coverage? Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Insurance Company: Amount of Deductible: Has your deductible been met: Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Coverage (Amount of co-pay, coverages, etc.):
Please provide specific information about your situation and explain why you are requesting financial assistance for this dog, including what circumstance(s) occurred for you to require assistance: *	
Describe the type of assistance you are requesting and attach to this application copies of all estimates or costs incurred for the veterinary expenses, surgical procedures, special food, etc.	

NOTE: Your application cannot be considered and acted upon until written estimates are received from your treating physician or receipts are attached: *

Provide the name (including clinic name, if applicable), address, telephone number and email of the treating veterinarian who has knowledge of your dog's condition: *

Name:

Address:

Telephone:

Email:

Please include the name and contact information of at least one other Scotties Rock member that has knowledge about your situation. *

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*

*PIF is considered a **last resort safety net** to provide help when all other possibilities have been exhausted. It is not a large fund nor is it intended to be a substitute for personal responsibility, pet insurance or other forms of public and private assistance.*

Check one: **Yes** **No**

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:

None

Do you have more than one source of income (Spouse, etc)?

Yes **No**

If Yes, Please explain:

NOTE: Please see the following website that helps with medical assistance: <https://www.dogingtonpost.com/need-help-with-vet-bills-or-pet-food-there-are-resources-available/>

<p>If your application is approved, please state how you intend to “Pay it Forward” to help others*</p> <p>NOTE: In the event your insurance proceeds and/or social fundraising exceeds your needs for your situation, we ask you to consider a pay it forward donation to the Foundation up to the amount (or more if so inclined) of your assistance award.</p>	
<p>I affirm that all the information contained on this application is true and correct. *</p>	<p>Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>I agree that you may contact my veterinarian. *</p>	<p>Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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. *</p>	
<p>TYPE YOUR FULL NAME BELOW AS YOUR ELECTRONIC SIGNATURE. *</p>	
<p>Date of Application: *</p>	
<p>Please add any comments or questions you may have here.</p>	

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.