



**Bright Light Foundation**  
**P.O. Box 11550**  
**Spring, TX 77391-1550**  
**(281) 738-2590**

[www.bright-light-foundation.com](http://www.bright-light-foundation.com)

**BRIGHT LIGHT FOUNDATION POTENTIAL RECIPIENT APPLICATION**

**In order to be considered as a qualified recipient of Bright Light Foundation (BLF) financial aid, the Potential Recipient must currently be employed in the Upstream Oil & Gas Industry (the Industry) and have been for a minimum of two years, or if not currently employed in the Industry, the Potential Recipient must have been previously employed in the Industry for a minimum of ten years, or the Potential Recipient must be an Immediate Family Member to someone meeting the Industry employment standards above, and be a U.S. Citizen. For the purposes of this application an Immediate Family Member is defined as the employee, their spouse or a dependent child of the employee. Applications must be received in by the BLF by May 31 to be considered for this year's BLF funds distribution, and if received after May 31, the application will be evaluated for the next year's BLF funds distribution.**

**Potential Recipient Information**

Name of Potential Recipient \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ (MM/DD/YYYY)

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Employer: \_\_\_\_\_  
(If Applicable)

Employer Address: \_\_\_\_\_  
(If Applicable)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If Applicable)

Work phone: (\_\_\_\_) \_\_\_\_\_ (If Applicable)

Position/Title: \_\_\_\_\_  
(If Applicable)

Length of Employment: \_\_\_\_\_  
(If Applicable)

Best method of contact for this person? \_\_\_\_\_

(We understand that due to the nature of some medical difficulties we may not be able to contact this person directly. You may list whom we might want to talk to and their information if you are not the direct contact.)

Immediate Supervisor: \_\_\_\_\_  
(If Applicable)

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
(If Applicable)

### **Financial Responsible Person**

Name of person financially liable for this individual: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

## Description of Medical & Financial Difficulties

\*Nature of medical difficulties:

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(\*Besides a general description of medical difficulties, a signed statement by a licensed physician validating the medical condition of the Potential Recipient must be submitted with this application.)

Are any of the medical charges covered by insurance (this includes workman's compensation, health and liability)\_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Policy Identification Number:\_\_\_\_\_

Policy Group Number:\_\_\_\_\_

Policyholder: \_\_\_\_\_

Description of insurance coverage, deductibles, limits, etc:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of costs not covered by insurance or other outside funding?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief description of the scope of financial difficulties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a specific item or area you would like to request help? (medications, medical devices and/or equipment, etc.)

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### **Nominating Person Information**

If the Nominating Person is the Potential Recipient, (i.e., self), this section need not be completed.

Who is nominating this Potential Recipient? \_\_\_\_\_

Nominating Person's relationship to the Potential Recipient? \_\_\_\_\_

Nominating Person's contact information:

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Nominating Person's preferred method of contact?

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Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position/Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

If currently unemployed, please list previous employment history, position and approximate length of employment?

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If you are not their Immediate Family Member with current employment in the upstream oil and gas industry, please explain who will provide that connection for this Potential Recipient:

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## Signature Section

### Important:

**By submitting your application, you acknowledge the fact that the Foundation reserves the right, in its sole discretion, to award the financial aid to whomever it sees fit and in whatever amount it shall determine. The Potential Recipient, the Nominating Person, and the Immediate Family releases the Foundation, its members, officers and directors from any and all liability that may arise as a result of this process.**

Applicant attests that all of the information contained herein in this application is true and correct.

Print Name of Potential Recipient: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name Person Signing the Application: \_\_\_\_\_

**The above statement must be signed by the Potential Recipient, or by an Immediate Family Member currently employed in the upstream oil and gas industry, or by the Nominating Person in order for the application to be processed.**