



**Send completed applications and/or questions to:**  
*Arizonans for Rational Sex Offense Laws*  
PO Box 10551, Phoenix, AZ 85064 - [az.rsol.contact@gmail.com](mailto:az.rsol.contact@gmail.com)  
(623)296-2904 - [www.azrsol.org](http://www.azrsol.org)

**Reentry Award Application**

To be considered for these awards, an applicant must:

1. Have been convicted of a sexual offense and sentenced to Arizona DOC.
2. Currently not be in custody and be residing in Arizona.
3. Have been released from custody within the past 12 months.
4. Demonstrate a financial need.
5. Demonstrate a correlation between current offense and a prior sexual offense (for example, Failure to Register, Violation of Sex Offender Probation terms, or another collateral consequence), If most recent incarceration was not for a sexual offense.
6. Submit completed (write N/A if appropriate) and legible application. All fields are required.

**Funds will be awarded solely based upon information provided on application, particularly documentable expenses, and will be limited to one award not to exceed \$150.**

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

DOC #: \_\_\_\_\_ Release Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Can we add you to our email list? Yes / No      Are you interested in our Fearless Support Group? Yes / No

How would you like to receive your funds? Check / Money Order

If your most recent incarceration was not for a sexual offense, explain (see #4 above): \_\_\_\_\_

\_\_\_\_\_

Describe your family/friend support system: \_\_\_\_\_

\_\_\_\_\_

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

Employer Address, Phone, Email: \_\_\_\_\_

Please briefly describe yourself, the steps you have taken (and plan to take) to be successful in your reentry, and your reasons for requesting this award including demonstrating a financial need. (Attach additional paper if needed. Max 500 words):

---



---



---



---



---



---



---



---

**Monthly/Start-Up Expenses**

<b><u>Item</u></b> <i>Transportation (For Example)</i>	<b><u>Amount \$</u></b> <i>\$25 (For Example)</i>	<b><u>Description</u></b> <i>Bus Pass (For Example)</i>
Transportation	_____	_____
Housing	_____	_____
Utilities	_____	_____
Obtain Identification	_____	_____
Phone	_____	_____
Clothing	_____	_____
Medical/Dental/Prescription	_____	_____
Food	_____	_____
Parental Expenses	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

I AFFIRM THAT ALL STATEMENTS INCLUDED IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT. I AUTHORIZE THE INVESTIGATION OF ALL MATTERS THAT AZRSOL DEEMS RELEVANT TO MY APPLICATION, INCLUDING ALL STATEMENTS MADE IN THIS APPLICATION AND ANY ATTACHMENTS OR SUPPORTING DOCUMENTS. I AUTHORIZE YOU TO REQUEST AND RECEIVE SUCH INFORMATION AND RELEASE AZRSOL FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING SUCH AN INVESTIGATION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_