

**LOCAL 47 MUSICIANS FOUNDATION
GRANT APPLICATION FORM**

Please fill out the entire application, front and back, to the best of your ability. Do not leave any questions blank.

1. Name _____
 2. Address _____
 3. City _____ State _____ Zip Code _____
 4. Are you a U.S. Citizen or Permanent Resident of the U.S.? _____
 5. Instrument(s) _____
 6. Do you work at any other trade or profession? _____
 7. What percentage of your yearly income is derived from music performance? _____%
 8. Do you have any dependants? _____ If "yes," how many? _____
 9. Give a brief summary of your disability, (include nature, cause, length of disability) _____

- Are you presently physically able to work as a musician if an engagement was offered to you?

10. Give a brief summary of your indebtedness, and/or monthly financial obligations **for which you are seeking assistance**. (please use reverse side of application if necessary)

 11. Date of last professional engagement _____ Amount Earned \$ _____
 12. Do you have any other source of income? _____ If yes, describe briefly the nature and amount _____
 13. Do you have any assets such as a bank account, savings or property? _____
If yes, describe briefly the nature and amount _____
 14. Have you received financial assistance from any other fund, including the Local 47 Relief Fund, within the past 24 months? _____ If "yes," what was the dollar amount received?
\$ _____

If you have received a grant, please state the entity which provided the grant:

Please state the date(s) on which you received grants within the past 24 months:

Have you received financial assistance from the Local 47 Musicians Foundation in the past? _____
If "yes", what was the dollar amount received, and when did you receive the grant? _____

15. Do you have a personal service corporation, or are associated with a corporation? _____
If so, please provide all relevant financial statements.

16. Are you receiving any of the following, and if "yes" in what dollar amount?

Social Security benefits: _____ Amount: \$ _____ per month

Social Security disability: _____ Amount: \$ _____ per month

State disability: _____ Amount: \$ _____ per month

Unemployment Compensation: _____ Amount: \$ _____ per month

Work Compensation benefits: _____ Amount: \$ _____ per month

AFM Pension payments: _____ Amount: \$ _____ per month

17. Are you married? _____ If "yes," is your spouse working? _____

18. Please provide the Foundation with your Spouse's annual income: _____

19. Please provide the following documentation along with your completed application:

- ✓ Documentation proving that you have been employed as a professional musician over the past year
- ✓ Documentation regarding your current indebtedness (i.e. any and all outstanding bills)
- ✓ Documentation regarding your current illness/disability (i.e. hospital bills, doctor's letters, etc.)

Date _____ Signature _____

Phone _____ Social Security # _____

All financial statements claimed above must be verifiable. Local 47 Musicians Foundation reserves the right to request documentation prior to granting financial assistance.