



THE MUSIC STAND

MUSICIANS EMERGENCY FUND

Application for COVID-19 Relief 2021

In light of the ongoing COVID-19 global crisis, we are reaching out to professional musicians to see how we can **assist with basic living needs** such as:

- Groceries/toiletries
- Utility bill (water, electric, gas)
- Gas/fare for transportation
- Other needs for living

Application Submission & Deadline: Applications are now being accepted. The process will close when funds are depleted. We encourage you to submit as soon as possible.

Scan and email the completed application and proof (if applicable) to themusicstandorg@gmail.com

Distribution: We are providing one-time emergency assistance payable by check or gift card. This assistance is not a loan and does not require repayment. Amount of assistance starts at \$100, dependent on individual need and available resources.

If you have questions, please email us at themusicstandorg@gmail.com or call (682) 777-4797.

MUSICIANS EMERGENCY FUND Application for COVID-19 Relief 2021

Full Legal Name: _____

Artist Name (if different): _____

Artist Website or Primary Online Presence (social media page or other location):

Mailing Address/City/State/Zip:

Email Address: _____

Contact Phone Number: _____

Male or Female: _____

Date of Birth: _____

Marital Status: _____

Number of people in your household: _____

Ethnicity: *(optional: This information is for statistical purposes)*

Black/African American Latino Native American Asian/Pacific Islander

Caucasian Biracial _____ Other _____

How long have you been a professional musician? _____

Are you a vocalist, composer, producer, instrumentalist, music educator, or all of the above?

Instrument(s) you play:

Please list dates, gigs, tour or other cancellations as a result of COVID-19.

Estimated amount of income loss due to COVID-19: _____

Please give a brief description of how you were affected, areas of loss/damage you experienced, etc.

Besides the COVID-19 crisis, please list any other challenges, hardships, or illness you are experiencing.

Please check the areas of assistance needed:

- Groceries/toiletries
- Gas/fare for transportation to work
- Utility bill (water, electric, gas)
- Other needs (describe) _____

- For consideration of a bill or payment due, please include a copy/proof of current bill or statement -

Signature of Applicant: _____ Date: _____

To the best of my knowledge, I certify that the above information is true.