



THE MUSIC STAND

MUSICIANS EMERGENCY FUND

Application for Assistance

We provide emergency funds to professional musicians to **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 accepted year-round. We encourage you to submit your application as soon as possible after your need arises. We will review your application and notify you by email. We do our best to help how we can.

Email a copy of the completed application & copies of required proof (*if applicable*) to themusicstandorg@gmail.com. Bills may be considered only if you submit proof.

Distribution: The Music Stand will determine the type of assistance distributed. One-time assistance is payable by check, gift card, goods, or service. Approved bills may be paid from our office directly to the creditor on your behalf. This assistance is not a loan and does not require repayment.

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

MUSICIANS EMERGENCY FUND Application for Assistance

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 give a brief description of your current situation, areas of loss or damage, etc.

Estimated number of work cancellations - gigs, tour dates, shows, teaching, etc. (if applicable):

Estimated amount of income loss: _____

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.