



CONFIDENTIAL APPLICATION FOR ASSISTANCE

**ARTIST EMERGENCY RELIEF FUND
CENTER FOR THE ARTS-LAKE SUNAPEE REGION**

NAME: _____ CFA Member: () YES () NO

ADDRESS: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

ARTIST TYPE: _____

What percentage of your overall income is from your work as an artist? _____

Please describe the disaster causing you to lose income as an artist:

How does this affect your ability to make your living?

How long have you worked as an artist? _____

Additional Sources of Income- ie: stocks, social security, PT employment, etc

How would you utilize a grant from the Center for the Arts?

OVER>



If you were the recipient of a grant, would you be willing to

1)"Pay it Back" at a later time, ()Yes () No

2)"Pay it Forward" at a later time by providing an In-Kind service (ie: Performance) () YES () NO

How? _____

Is there anything else that we should know about your situation? () YES () NO

If YES - please let us know more about you:

I understand that this grant is a "Fund of Last Resort" to assist artists in dire need.

I am requesting \$_____ (maximum grant allocated is \$500.00)

I hereby certify that the statements and information are true and correct in all respects.

SIGNED: _____ DATE: _____

EMAIL COMPLETED APPLICATION TO: info@centerfortheartsnh.org

Include in Subject line: Application for Artist Emergency Relief Fund

OR MAIL TO: Center for the Arts-Lake Sunapee Region
Artist Emergency Relief Fund
PO Box 872
New London, NH 03257

() Reviewed by CFA Executive Committee DATE: _____

Request Approved for: \$_____ / Request Denied: _____