

REX ROADIE FUND @ SWEET RELIEF APPLICATION

Eligibility Requirements:

- At least 3 years where more than 50% of your income came from employment in the music industry, and are currently negatively affected by COVID-19.

Required Documentation:

Please include the following items required with the completed application:
(Applications will not be processed without this information)

- Proof of Music Industry Employment (note from employer(s) identifying loss of income)
- A resume

Application (*required):

*Name: First _____ Last _____

*Mailing Address

_____ Apt # _____

City _____ State _____ Zip _____

Country _____

Home Address (if different)

_____ Apt # _____

City _____ State _____ Zip _____

Country _____

*Home Phone _____ Mobile Phone _____ Work Phone _____

*Email Address _____

*Preferred Way to Contact (circle all that apply):

Phone

Email

Ground Mail

*Permission to leave voicemails that include personal information: Yes / No

*Social Security Number _____ *Date of Birth(MM-DD-YYYY) _____

PROFESSIONAL CAREER HISTORY SECTION (*required):

*Please state how many years you have worked in the music industry _____

*What do you do? (e.g. stage manager, guitar tech, tour manager, etc.)

*Briefly describe how you were affected by Covid-19

OPTIONAL SECTION (there is no consequence for not including this information. This information is examined by Sweet Relief to understand the diversity of applicants):

Ethnicity:

White Hispanic or Latino Black or African American Native American or American Indian

Asian / Pacific Islander Other (please specify) _____

Gender:

Female Male Other (please specify) _____

Marital Status:

Single Married Domestic Partnership Separated Divorced Widowed

Average Monthly Household Income: _____

Are you currently receiving unemployment? Yes / No

If so, please provide weekly amount: _____

____ I hereby certify that I have answered the foregoing questions to the best of my ability. The facts herein stated are true and I understand that any misrepresentation of this information may disqualify me for any assistance from Sweet Relief Musicians Fund.

SIGNATURE OF APPLICANT: _____ DATE: _____