

SWEET RELIEF COVID-19 FUND APPLICATION

Eligibility Requirements:

- At least 3 years where more than 50% of your income came from employment in the music industry or as a musician.

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 (publications, link to ASCAP or BMI repertoire, note from employer(s))
- A biography, resume, or discography
- Documentation of loss of income (copy of your contract, flyers or links to event sites listing your involvement in the canceled event, letter/email from employer identifying cancellation, etc.)

Application (*required):

*Legal Name: First _____ Last _____

Professional Name (if different) _____

*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) _____

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: _____

PROFESSIONAL CAREER HISTORY SECTION (*required)

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

*What do you do? (e.g. bassist, artist manager, songwriter etc.)

*What is your primary genre? (if applicable) _____

FOR MUSICIANS

What is the URL for your website? _____

Where can we find your music online? (Spotify, Apple Music, Soundcloud, etc.)

What are your social media channels?

Facebook https: www.facebook.com/ _____

Instagram https: www.instagram.com/ _____

Twitter https: www.twitter.com/ _____

*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) _____

____ 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: _____