



The Artists Fund at the Festival of Arts

**The Artists Fund Hardship Grant**

**CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE**

The Artists Fund shall not be used for any purpose other than to provide relief or aid to an individual present or past Festival of Arts Exhibiting Artist, whose primary income is generated from their art work, who has encountered or suffered an unexpected personal calamity or tragedy that has caused that individual to suffer personal financial hardship and who has no practical alternative source funds to solve that hardship.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Medium:** \_\_\_\_\_

Please describe in detail the personal situation you are experiencing.

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How does this affect your ability to earn a living?

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How long have you worked full time at your craft? \_\_\_\_\_

Please describe your work, enclosing photos/website and resume if possible.

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Is your primary income derived from the sale of your work? Yes \_\_\_\_\_ No \_\_\_\_\_

What will you use this grant for?

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Have you received any grants in the past (years/sum) \_\_\_\_\_

Are you covered by health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own any other insurance policies? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe:

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Please list other assets or sources of income, including stocks, trust fund, home or spouse's income:

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List your professional art affiliations (Laguna Beach Art Museum, LOCA, CAP, etc.):

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Please list galleries, collectors, exhibits or shows where your work is shown or will be shown this year.

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The Artists Fund at the Festival of Arts is a non-profit organization  
tax ID # 27-3300715

**Required Documentation:**

Please enclose a copy of pages 1 and 2 of your most recent year's 1040 form. (This is necessary to provide documentation of your income as an artist and will be kept confidential and viewed only by the Grant Directors. )

The tax records requested are required because as a branch of a non-profit organization, The Artists Fund is responsible to the State of California and must be able to substantiate any claim made to it, which results in a grant.

Please state how much you will need at this time. \_\_\_\_\_

I hereby certify that the above statements and information are true and correct.

Signed \_\_\_\_\_

Date \_\_\_\_\_

No application will be reviewed unless all forms are complete.

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**The Artists' Fund Grant Executive Board of Directors**

Shirley Rush – 949-497-3439  
Karen Alvarado - 949-933-4572  
Rick Graves - 949-632-1933

**Application with all supporting documents must be mailed to:**

Attn: Grant Chair  
The Artists Fund at Festival of Arts  
1278 Glenneyre #157  
Laguna Beach. CA 92651

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*Do not write below this line (for Executive Board use only)*

**MATERIALS COMPLETE:**

PERSONAL STATEMENTS  
TAX/FINANCIAL FORMS

**PAST GRANTS (YEARS AND SUMS)**

\_\_\_\_\_

**CURRENT SUM REQUESTED**

\_\_\_\_\_

**AMOUNT OF CURRENT GRANT:**

\_\_\_\_\_

Granted: \_\_\_\_\_

Date: \_\_\_\_\_

Trustee: \_\_\_\_\_

Trustee \_\_\_\_\_

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