



The Artists Fund at the Festival of Arts
Artist Hardship Grant Application

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 Exhibition 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: _____

City: _____ State: _____

Contact Phone: _____ Email: _____

What year(s) did you exhibit at The Festival of Arts? _____

Your Medium: _____

Please describe in detail the personal situation you are experiencing:

How does this affect your ability to earn a living?

How long have you worked full time at your craft? _____

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

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

What will you use this grant for?

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:

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

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

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

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.

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

The Artists Fund Grant Executive Board of Directors

Shirley Rush 949-497-3439
Karen Alvarado 949-933-4572
Wendy Wirth 714-356-6820

Application with all supporting documents must be mailed to:

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

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

MATERIALS COMPLETE: PAST GRANTS (YEARS AND SUMS) CURRENT SUM REQUESTED AMOUNT OF CURRENT GRANT: Granted: _____ Trustee: _____	PERSONAL STATEMENTS TAX/FINANCIAL FORMS _____ _____ _____ Date: _____ Trustee: _____
--	--