



CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE

The Artists Fund grant monies are exclusively stipulated to provide relief to any past or present Festival of Arts exhibiting artist whose income is generated from their artwork, and who has encountered or suffered an unexpected personal setback that has caused that individual to suffer financial hardship with no practical alternative source funds to solve that situation.

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 _____

How will you use this grant?

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.), and any galleries, collectors, exhibits or shows where your work is shown or will be shown this year:

Application Overview:

Upon receipt of this **grant** application, **the artist will** be contacted directly by a **Grant Committee Member** in a timely manner for further processing.

Please note that the Grant Committee reserves the right to request current tax year documentation for additional insight . As 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.

All information requested in this document will be kept confidential and viewed only by our Grant Directors.

Please state how much you 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.
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

The Artists Fund Grant Board of Directors :

Ellen Mahoney (714) 746-3302
Shirley Rush (949) 338-5199
Chair, Wendy Wirth (714) 356-6820

Do not write below this line / for *Grant Committee* use only

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