THE IBMA TRUST FUND

APPLICATION FOR
EMERGENCY FINANCIAL ASSISTANCE

The mission of the IBMA Trust Fund is to provide financial assistance to bluegrass music professionals during times of emergency need.

- A *bluegrass music professional* is any person who has for five years or more derived at least fifty percent of his or her income from activities related to bluegrass music. Qualified applicants may include artists, composers, agents, managers, event producers, record producers, luthiers, merchandisers, broadcasters and others involved professionally in the bluegrass music industry.
- An *emergency need* is any unforeseen circumstance that has prevented the applicant from being able to pay for basic living expenses such as housing, transportation, groceries and medical/dental expenses.
- The IBMA Trust Fund was established as a separate 501(c)3 charitable trust by the International Bluegrass Music Association (IBMA). Membership in the IBMA is not required, however, in order to apply for financial assistance from the IBMA Trust Fund.

If you would like to request financial assistance from the IBMA Trust Fund, please fill out the following forms completely and legibly.

Information provided on these forms to the IBMA Trust Fund Board of Trustees will be used only to process this application for financial assistance. This information is completely confidential and will not be used for any other purpose or made known to any other persons.

For more information, contact:

888-438-4262 (toll free)
Pat@ibma.org

Mail or email your completed form to:

THE IBMA TRUST FUND
c/o The International Bluegrass Music Association
4206 Gallatin Pike
Nashville, TN 37216

Email: Pat@ibma.org

THE IBMA TRUST FUND
APPLICATION FOR EMERGENCY FINANCIAL ASSISTANCE

PLEASE FILL OUT COMPLETELY AND LEGIBLY

Applicant's name _____

Professional name (if different) _____

Home address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Date of Birth _____

Married? __ Yes __ No E-mail address _____

FAMILY INFORMATION

Spouse's Name _____

How many children (still living at home) _____

Other Dependents (who rely upon the applicant for support) _____

_____

PROFESSIONAL CAREER HISTORY

Please indicate below your professional involvement in bluegrass music:

__ Artist __ Composer __ Agent __ Event producer __ Broadcaster

__ Record label personnel __ Association leader __ Publisher

__ Other (please explain): _____

How long have you been employed in the bluegrass music industry? (Please provide specific dates and proof of employment such as copies of tax returns, pay stubs, 1099's, etc.) _____

_____

_____

_____

Please provide additional information regarding your professional career in bluegrass music or attach other information to this application (biographical information, articles, discographies, photos, etc.) _____

_____

_____

_____

NATURE OF THE EMERGENCY NEED

Please describe the nature of your emergency need (use a separate sheet of paper if necessary):

How much money are you requesting from the IBMA Trust Fund? $ _____

How do you plan to use this money? _____

(Please attach copies of bills that are currently due, or other documentation to help us understand more completely the financial crisis that you are currently facing.)

Have you applied for financial assistance from other agencies, or coverage from insurance, welfare or other sources of assistance that might be available from federal, state or local governments? __ Yes __ No

Do you anticipate assistance from any or all of these sources? __ Yes __ No

If yes, from whom? _____

Do you know how to apply for such aid? __ Yes __ No

For further information or verification, I authorize the IBMA Trust Fund to communicate with the individual(s) below:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

YOUR CURRENT FINANCIAL SITUATION

Please indicate all assets that you own in the spaces provided below:

ASSETS:

Cash	$_____
Checking accounts	$_____
Savings accounts	$_____
Certificates of Deposit	$_____
Money Market Funds	$_____
Stocks and Bonds	$_____
Retirement Accounts (401K, IRA, Pension, etc.)	$_____
Real Estate Owned	$_____
Automobiles	$_____
Businesses Owned	$_____
Other Personal Property	$_____
TOTAL ASSETS	$_____

Please indicate the amount of all liabilities in the spaces provided below:

LIABILITIES

Mortgage on Residence	$_____
Mortgages on Other Real Estate	$_____
Debt on Automobiles	$_____
Credit Card Debt	$_____
Loans from Banks	$_____
Personal Loans	$_____
Other Loans	$_____
Other Indebtedness (unpaid bills)	$_____
TOTAL LIABILITIES	$_____

STATEMENT OF INCOME AND EXPENSES

Please provide us with as much information and documentation as possible regarding your current and projected income and expenses (attach separate sheets if necessary). While copies of recent tax returns, bank statement, pay stubs, etc. are not required, information such as this can provide us with additional information that will help expedite your request for assistance. All information is held in complete confidence.

PROJECTED MONTHLY INCOME (If married, please indicate combined family income)

Salary from Employment	$ _____
Employer: _____	
Spouse's Employer: _____	
Residuals, Royalties, Honoraria	$ _____
Unemployment	$ _____
Social Security Income	$ _____
Disability Insurance	$ _____
SSI (Supplemental Security)	$ _____
General Relief	$ _____
Food Stamps	$ _____
Veteran's Benefits	$ _____
Alimony Payments	$ _____
Pension Payments	$ _____
Dividends / Interest Income	$ _____
OTHER INCOME: _____	$ _____
TOTAL MONTHLY INCOME:	$ _____

PROJECTED MONTHLY EXPENSES (If married, please indicate combined family expenses):

Rent or mortgage on place of residence	$ _____
Home insurance	$ _____
Home maintenance	$ _____
Groceries / Food	$ _____
Utilities (Gas/Electricity/Water, etc)	$ _____
Car payment	$ _____
Auto insurance	$ _____
Gasoline	$ _____
Health Insurance	$ _____
Medical bills	$ _____
Prescription medications	$ _____
Life Insurance	$ _____
Loan Repayments	$ _____
Credit Card Bills	$ _____
Alimony / Child Support	$ _____
OTHER EXPENSES: _____	$ _____
_____	$ _____
_____	$ _____
TOTAL MONTHLY EXPENSES	$ _____

CERTIFICATION

I do hereby certify with my signature below that I have answered every question to the best of my ability and that all of the information provided and the statements made by me are true.

Your Signature: _____ Date: _____