

# THE IBMA TRUST FUND

## APPLICATION FOR COVID-19 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:

**THE IBMA TRUST FUND**  
c/o The International Bluegrass Music Association  
4206 Gallatin Pike  
Nashville, TN 37216  
888-438-4262  
Email: Paul@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 \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Married?  Yes  No E-mail address \_\_\_\_\_

**FAMILY INFORMATION**

Spouse's Name \_\_\_\_\_  
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.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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