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.) _________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
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 how the COVID-19 pandemic has impacted you or your family.

How much money are you requesting from the IBMA Trust Fund? You can request up to $750 for COVID-19 relief. $_____________________

For additional information and resources that may be available to you, please visit the IBMA’s Community Resource page: https://ibma.org/bluegrass-community-resources-during-covid-19/

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: ___________________