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:

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 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:**

<table>
<thead>
<tr>
<th>Asset</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$</td>
</tr>
<tr>
<td>Checking accounts</td>
<td>$</td>
</tr>
<tr>
<td>Savings accounts</td>
<td>$</td>
</tr>
<tr>
<td>Certificates of Deposit</td>
<td>$</td>
</tr>
<tr>
<td>Money Market Funds</td>
<td>$</td>
</tr>
<tr>
<td>Stocks and Bonds</td>
<td>$</td>
</tr>
<tr>
<td>Retirement Accounts (401K, IRA, Pension, etc.)</td>
<td>$</td>
</tr>
<tr>
<td>Real Estate Owned</td>
<td>$</td>
</tr>
<tr>
<td>Automobiles</td>
<td>$</td>
</tr>
<tr>
<td>Businesses Owned</td>
<td>$</td>
</tr>
<tr>
<td>Other Personal Property</td>
<td>$</td>
</tr>
</tbody>
</table>

**TOTAL ASSETS**

$ ______________

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

**LIABILITIES**

<table>
<thead>
<tr>
<th>Liability</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage on Residence</td>
<td>$</td>
</tr>
<tr>
<td>Mortgages on Other Real Estate</td>
<td>$</td>
</tr>
<tr>
<td>Debt on Automobiles</td>
<td>$</td>
</tr>
<tr>
<td>Credit Card Debt</td>
<td>$</td>
</tr>
<tr>
<td>Loans from Banks</td>
<td>$</td>
</tr>
<tr>
<td>Personal Loans</td>
<td>$</td>
</tr>
<tr>
<td>Other Loans</td>
<td>$</td>
</tr>
<tr>
<td>Other Indebtedness (unpaid bills)</td>
<td>$</td>
</tr>
</tbody>
</table>

**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 statements, 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: __________________________