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: 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 _____________________ 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 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: ____________________