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:**

- **Cash** $\text{___________}
- **Checking accounts** $\text{___________}
- **Savings accounts** $\text{___________}
- **Certificates of Deposit** $\text{___________}
- **Money Market Funds** $\text{___________}
- **Stocks and Bonds** $\text{___________}
- **Retirement Accounts (401K, IRA, Pension, etc.)** $\text{___________}
- **Real Estate Owned** $\text{___________}
- **Automobiles** $\text{___________}
- **Businesses Owned** $\text{___________}
- **Other Personal Property** $\text{___________}

**TOTAL ASSETS** $\text{___________}

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

**LIABILITIES**

- **Mortgage on Residence** $\text{___________}
- **Mortgages on Other Real Estate** $\text{___________}
- **Debt on Automobiles** $\text{___________}
- **Credit Card Debt** $\text{___________}
- **Loans from Banks** $\text{___________}
- **Personal Loans** $\text{___________}
- **Other Loans** $\text{___________}
- **Other Indebtedness (unpaid bills)** $\text{___________}

**TOTAL LIABILITIES** $\text{___________}
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: ____________________________