



DENVER JAMGRASS

Ben Paley Memorial Musician's Assistance Fund

Covid-19 Relief Application

ELIGIBILITY REQUIREMENTS AND PROCEDURES

Applicants must be able to document participation in one of the following areas:

At least 5 years of employment in the music industry

At least 6 commercially released recordings (singles)

At least 6 commercially or promotionally released music videos

- *Note: Some combination of the above might be approved by our review board*

Please include the following items required with the completed application:
(Applications will not be processed without this information)

- 1. Detailed music industry background documentation (articles, liner notes, letters from employers, etc)**
- 2. A biography, resume, or discography**
- 3. Documentation of loss of income (copy of your contract, flyers or links to event sites listing your involvement in the canceled event, letter/email from employer identifying cancellation, etc)**

Submit the application one of the following ways:

Scan and email the documents to denverjamgrass@gmail.com

Please include the following information either as an attached document or in the body of your email.

Name: _____

Professional Name:

(if different)

City/State: _____

Zip: _____

Phone #: _____

Email Address: _____

Average Monthly Household Income: \$_____

PROFESSIONAL CAREER HISTORY:

Please state how many years you have been employed in the music industry:

What do you do? _____

Primary Genre: _____

Please provide a brief work history in the music industry:

(include any commercially released recordings and/or videos, if applicable)

Do you play an instrument(s)? __ Yes __ No

If yes, please list: _____

(it is required that you attach your work history documentation such as resume or discography to this application)

Are you currently employed outside of the music industry? __ Yes __ No

If yes, where? _____

BRIEFLY DESCRIBE HOW YOU WERE AFFECTED FINANCIALLY BY COVID-19:

I hereby certify that I have answered the foregoing questions to the best of my ability. The facts herein stated are true and I understand that any misrepresentation of this information may disqualify me for any assistance from MusiCares.

Signature of Applicant: _____

Date: _____

To the best of my knowledge, I certify that the above information is true.