

**THEATRE COMMUNITY BENEVOLENT FUND**

*Application for Support - Individual*

**COVER SUMMARY**

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Phone \_\_\_\_\_ Email \_\_\_\_\_
4. Date of occurrence \_\_\_\_\_
5. Brief description of occurrence \_\_\_\_\_
  
6. **AMOUNT REQUESTED: \$** \_\_\_\_\_

**FINANCIAL INFORMATION**

1. Expenses incurred from occurrence\*
  - a. Loss of income \_\_\_\_\_ (ie, salary, contract fees, other income)
  - b. Loss of property \_\_\_\_\_
  - c. Other \_\_\_\_\_
2. Existing revenue to handle occurrence – list sources
  - a. TCBF \_\_\_\_\_
  - b. Health insurance \_\_\_\_\_
  - c. Property insurance \_\_\_\_\_
  - d. Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENTS**

\*Please include supporting documentation including but not limited to: police, fire and/or damage reports, insurance claims (noting deductible, if relevant), medical reports, proof of income (contracts, pay stubs), etc.

Please also include: **A copy of your resume** and **names and contact information of three people** we could call for a reference: 2 professional, 1 personal

**Please send all materials to:**

**StageSource, 88 Tremont Street, Suite 714, Boston, MA 02108 Attn: TCBF; Fax 617.720.4275**

**NARRATIVE** (up to 2 pages, use additional sheet if necessary)

Please write a detailed description of the loss/damage sustained including any subsequent repercussions on livelihood, living space, ability to work, etc. Please let us know what funding, if any, you already have available to handle the loss/damage and to what use you would put TCBF funding.