



While we realize that your need is urgent and considerable, you'll find that we are asking for a significant amount of information in this application.

The more detail and documentation we receive, the more quickly we can expedite your request and respond with assistance. Thank you.

Application for Support – INDIVIDUAL THEATRE ARTIST

1. Name _____
2. Full Mailing Address:
Street _____ City/Zip _____
3. Pronouns _____
4. Phone _____ and Email _____
5. Date of application _____
6. **AMOUNT REQUESTED: \$** _____
(If issued, grant may range from \$500 - \$2,500 depending on documented need and available TCBF funds.)
7. Please ATTACH A SHORT NARRATIVE outlining your situation and how you plan to use the funding from TCBF.
8. Please ATTACH A COPY OF YOUR THEATRICAL RESUME.
9. If not on your resume, please list any union/guild affiliations. How do you participate in the Boston theatre community? Are you a member of any local arts organizations (StageSource, EMACT, STAB, municipal arts council, etc.)?
10. Names and contact information for three references (2 professional, 1 personal):
11. Are you employed now? Full or Part time? (please use pull down menu) _____
If no, do you have a job commitment or expect to be employed within the next three months? _____



You're halfway there! Please fill out as much of the following as possible.

12. Please approximate your total full and part-time income over the last 18 months _____

13. **PLEASE ATTACH DOCUMENTATION FOR THIS INCOME** including:

- W2s or 1099s from your last tax filing OR
- typical pay stub AND/OR
- Unemployment insurance or Pandemic Unemployment Assistance (PUA)

14. Approximately what % of your income is theatre related? _____

15. Are you part of a two-income household? _____ If yes, what is your TOTAL household income? _____

16. Please list any other personal resources:

- Savings (use pull down menu):
- grants, fundraisers, crowdsourcing, etc. _____

16. Please specify your monthly expenses, if applicable:

- rent / mortgage payments _____
- utilities _____
- daycare _____
- health insurance _____
- student loan, credit card, and/or auto payments _____

Signature _____ Date _____

Please remember to attach the documents requested in items #7, #8 and #13.
Thank you for your patience as we try to meet the unprecedented demand from our community.
Please send all materials to:
Email – TCBFBoston@gmail.com
or
Mail – TCBF, PO BOX 327, 411A Highland Ave, Somerville MA 02144