



**MUSICARES®**  
**HURRICANE**  
**SANDY RELIEF**

## **MUSICARES APPLICATION FOR HURRICANE SANDY RELIEF FUND**

### **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

Please include the following items with the completed application:

- Detailed music industry background documentation (articles, liner notes, letters from employers, etc.)
- A resume or discography

**MusiCares for Music People**

**EAST**

**Toll Free Number: 1.877.303.6962**

**11 West 42<sup>nd</sup> Street, 27<sup>th</sup> Floor • New York, NY 10036**

**Phone: 212.245.7840 • Fax: 212.245.8130**

**MUSICARES.ORG**

## MUSICARES APPLICATION FOR SANDY RELIEF FUND

Name:

\_\_\_\_\_  
*(As it appears on your Social Security Card)*

Recording Academy Member?  Yes  No Member Number: \_\_\_\_\_

*(Applicants do not have to be a Recording Academy member to receive assistance – for statistical purposes only)*

Professional Name:

\_\_\_\_\_  
*(If different)*

Spouse/Partner Name:

\_\_\_\_\_  
*(If applicable)*

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

*(If different)*

Daytime/Evening Phone Number: \_\_\_\_\_ / \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Education:

Some High School  H.S. Diploma/GED  Some College  College Degree  Advanced Degree

Ethnicity:

African American  Asian-Pacific Islander  Biracial  Caucasian  Latino  Native American

Other

*(For statistical purposes only – optional)*

Marital Status: \_\_\_\_\_ Number of Dependents \_\_\_\_\_ Ages of Dependents \_\_\_\_\_

Is your spouse/partner employed?  Yes  No If yes, employer information: \_\_\_\_\_

\_\_\_\_\_  
Average Monthly Household Income: \_\_\_\_\_

**PROFESSIONAL CAREER HISTORY:**

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

In what capacity? \_\_\_\_\_ 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 a resume or discography to this application.)*

Are you currently employed outside of the music industry?  Yes  No If so, where? \_\_\_\_\_

\_\_\_\_\_

**BRIEFLY DESCRIBE HOW YOU WERE AFFECTED BY SANDY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.*

**DATE COMPLETED:** \_\_\_\_\_