



## 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](mailto: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.*