



Washington Blues Society - Musician Relief Fund

Confidential Application

Please complete & return to: Washington Blues Society  
ATTN: Musicians Relief Fund Committee  
P O Box 70604  
Seattle, WA 98127

If you are requesting reimbursement for expenses that you have already paid out-of-pocket, please provide copies of the receipts that will support your request.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

MY SPACE / FACEBOOK: \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_

MEDICAL AND FINANCIAL REASON FOR REQUEST: \_\_\_\_\_

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

*Please attach additional page(s), if needed.*

HOW MUCH COVERED BY INSURANCE / MEDICARE / DSHS / ETC: \$ \_\_\_\_\_

WHAT OTHER ORGANIZATIONS HAVE YOU SOUGHT ASSISTANCE FROM?

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

I hereby certify that I have completed all questions of this application to the best of my ability and that all facts stated herein are true. I understand that any false information and misrepresentations provided will disqualify me from any assistance.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_