



HART FUND

Handy Artists Relief Trust Fund Application

- The HART Fund is for assistance with **medical, dental, vision and burial expenses ONLY**.
- This application requires personal information and is **STRICTLY CONFIDENTIAL**.
- Please attach copies of statements pertaining to outstanding medical and funeral expenses, for which you seek assistance.
- You **must** be a professional blues artist to receive assistance from the HART Fund.

Applicant Information

Name: _____ Date of Birth: ____/____/____

Address: _____

Phone: () - _____ Email: _____

Website: _____ Facebook: _____

Annual Household Income: \$ _____ Income from music: \$ _____ Amount Requested: \$ _____

Medical and/or financial reason for request: _____

Amount covered by: Insurance \$ _____ Medicare \$ _____ Prior HART Fund award: Yes or No

Other sources funding (please name): _____ Amount: \$ _____

Other organizations that you sought assistance from: _____

Professional Blues Activities

I have participated in the following professional blues activities. If additional room needed, please attach.

Recordings:

Title/ Name	Year

Festivals:

Title/ Name	Year

Bands:

Title/ Name	Year

Other Events:

Title/ Name	Year

