

**EAR Rebound Fund Application Form**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone  
Number(s) \_\_\_\_\_

E-  
mail \_\_\_\_\_

Artistic  
discipline \_\_\_\_\_

**What is the nature of your emergency? (Attach a separate sheet if required.)  
Attach documentation of your emergency (doctor's note, dentist's bill/estimate,  
newspaper article, etc.) where appropriate or possible.**

Date(s) of emergency \_\_\_\_\_

How much money are you requesting from the fund? (maximum \$2500)

\_\_\_\_\_

Is this your first time applying for funding? If no, when was the last  
time? \_\_\_\_\_

\_\_\_\_\_

What will you use the funds for? Describe expenses you need to pay (if appropriate) and  
how this support will help stabilize your situation. (Attach a separate sheet if required.)

Do you have another health care plan besides basic Alberta Health coverage? If so, are there any limits to the coverage? (Attach a separate sheet if required.)

Are you a member of a guild, association, union or other such group that may provide assistance?

Please indicate if you have approached this association; what was the outcome? Did you receive assistance and was that sufficient?

**Employment and Income**

Please list any sources of income and the amounts these sources provide you with:

What other grants or funding have you received in relation to this emergency (ie. insurance, fundraising efforts, etc)?

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If you have other income earners in your household, please note the previous year's combined total taxable income (line 150 of TAX RETURN):

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**References**

Please list at least ONE reference who know about your current situation.

Name	Address	Phone Number	Relationship

**Professional Status and Reference**

Please attach your Artist's CV or Resume AND Work Sample (see Discipline Specific Guidelines)

Please list at least ONE professional reference who can verify your status as a visual arts professional.

Name	Address	Phone Number	Relationship

**Alternative Contact**

Is there someone we may contact on your behalf if we are unable to reach you?

Name	Address	Phone Number	Relationship

Please comment on any other aspect of your situation that you feel may be important and has not been explained in this application so far:



**Statement of Truthfulness and Potential for**

I hereby state that all elements of this application are true and I fully disclose my income from all sources.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date