

PHASE 2 EMERGENCY GRANT Music Staff Application

All applications are reviewed solely by the 501c3's Board of Directors. All information will be kept strictly confidential.

Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Before applying for this grant, you must read the Fundraiser FAQ to determine if you are eligible.

Have you read the FAQ?

YES **NO** (If no, please read the FAQ before continuing.)

Do you fit into at least one of the following categories?

a) You are a member of the Regular Music Staff.

-or-

b) You were a member of the Weekly Music Staff contracted by the Metropolitan Opera (inclusive of Staff Coaches of the Lindemann program) for 15 weeks or more in at least two of the past three seasons (2017/18, 2018/19, 2019/20) AND are contracted for the 2020/21 season on the Metropolitan Opera Music Staff for any number of weeks

YES **NO** (If no, you are not eligible for this grant.)

Are you suffering economic hardship due to the Met's closure and in need of financial assistance?

YES **NO** (If no, you are not eligible for this grant.)

Are you willing to support the efforts of the Fund?

(donor outreach, social media sharing, performing, administrative work, etc.)

YES **NO** (If no, please reconsider helping out with the Fund.)

Number of dependents _____

Your income from any and all sources between December 3, 2020 and March 15, 2021 \$ _____

Income for all other members of your household (excluding dependents)

from any and all sources between December 3, 2020 and March 15, 2021 \$ _____

Total monetary gifts and grants (including Phase 1 Grant monies received) for all members of your household (excluding dependents) from any and all sources between December 3, 2020 and March 15, 2021 \$ _____

List below only assets of all members of your household (excluding dependents).

Checking	\$
Savings	\$
Stocks or other marketable securities	\$
Loan against retirement account	\$

Other (describe type)	\$
Other (describe type)	\$
Other (describe type)	\$
Other (describe type)	\$

MONTHLY expenses for all members of your household:

Food Supplies	\$
Shelter (mortgage, rent, fees, tax)	\$
Clothing	\$
Heat/Electricity	\$
Costs for childcare	\$
Children's education	\$
Life insurance	\$
Medical expenses	\$

Phone	\$
Internet/TV	\$
Student Loan Payment(describe type)	\$
Car Payment	\$
Insurance/Parking	\$
Pet Expenses	\$
Storage	\$
Other (describe type)	\$

Please provide any other information you believe the independent board should consider in deciding your grant application:

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 MET Orchestra Musicians Fund, Inc.

The board reserves the right to require additional information and/or supporting documentation.

Name _____

Date _____

Signature _____

Applications may be submitted between March 15 and April 1, 2021
Please email signed copy to MetOrchestraBoard@gmail.com