

PHASE 2 EMERGENCY GRANT Regular Orchestra/Full-Time Librarian 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.)

Are you a Regular Orchestra Member/ Full-time Librarian who was employed by the Metropolitan Opera Orchestra during the 2019-2020 season AND do you anticipate continuing employment with the Metropolitan Opera when it reopens?

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