



Application for Financial Assistance

If you have another source of income and can pay your bills, please do not apply at this time. We would like to get funds to those most in need.

Please complete the information below and submit to the TRMA Artist Relief Foundation. Our Board will review your application and respond as timely as possible. Payments are dependent upon available funds. For questions, please email the TRMA Artist Relief Foundation at ARF@troprock.org.

Documentation Required: Please provide proof of your lost income such as a copy of your contracts, flyers or links to event sites listing your involvement in the canceled event, letter/email from employer identifying cancellation, etc. For other financial or medical hardships, please provide the best possible documentation and explanation as available. All information provided will be kept confidential and only shared with our application review committee.

Name _____

Professional Name _____

Address _____

Phone _____

Email _____

Website _____

1. Are you a TRMA member? Y___ N___
2. Are you a full-time artist? Y___ N___
3. Do you primarily perform "Trop Rock" music? Y___ N___
4. What type of financial hardship are you applying for?
 - a. Coronavirus _____
 - b. Medical _____
 - c. Equipment Loss _____
 - d. Other _____

5. How many gigs have you lost for the foreseeable future? _____
6. Estimated loss of income? \$ _____
7. Do you have income outside of current gigs to cover short term expenses? Y___ N___
8. Marital Status _____
9. Number of Dependents _____ Age of Dependents _____
10. Is your spouse/partner employed? Y___ N___ N/A _____
11. Is your spouse/partner's income, or other income sources, sufficient to cover your short-term expenses? Y___ N___ N/A_____
12. For Coronavirus grants, if you receive assistance, how would you like to receive it:
 - a. PayPal Account _____
 - b. Check payable to _____
13. For medical/other hardships we pay your vendor directly. Please provide documentation of who the vendor is, how much is owed, insurance deductible, out of pocket costs, etc.

14. Please describe your financial hardship in detail:

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 from any assistance from the Trop Rock Music Association.

Signature _____ Date _____

Submit the application in one of the following ways. Please do not text or FB message an application.

1. Scan and email to ARF@troprock.org
2. Fax: (866) 430-0360
3. Mail: Trop Rock Music Association, PO Box 16126, Tallahassee, FL 32317