

RICHMOND THEATRE ARTIST FUND

The Richmond Theatre Artist Fund was established by the **Richmond Alliance of Professional Theatres** (RAPT), now operating as RVA Theatre Alliance, and **The Community Foundation *Serving Richmond and Central Virginia***, to provide financial assistance to theatre artists who have demonstrated a commitment to live theatre in Greater Richmond and who have experienced an exceptional financial hardship beyond their control.

The awarding of individual grants will follow IRS Guidelines, and generally will not result in taxable compensation to the theatre professional. The purpose is to help those in the Richmond theatre community who fall on the hardest of times, whether due to illness, injury or extenuating circumstances, apply for financial aid. Artists may apply, or others may apply on their behalf for assistance.

To be eligible for assistance, individuals must have:

- ❑ a demonstrated commitment to live theatre in Greater Richmond
- ❑ exceptional financial need related to a specific crisis beyond his or her control

Applications will be reviewed by the Theatre Artist Fund Allocation Committee.

To ensure prompt and effective consideration, please:

- **fill out the application completely**
- **provide documentation of expenses where appropriate**
- **Mail completed application to:**

RICHMOND THEATRE ARTIST FUND

Attn: Phil Whiteway

Member of Allocations Committee

114 West Broad Street

Richmond, Virginia 23220

OR send via FAX to 804-775-2325

(be certain you receive a confirmation that the fax went through)

OR email to pwhiteway@va-rep.org

RICHMOND THEATRE ARTIST FUND

Attn: Phil Whiteway • Member of Allocations Committee

c/o Virginia Repertory Theatre

114 West Broad Street • Richmond, Virginia 23220

APPLICATION FOR ASSISTANCE

Are you applying for yourself or another individual? Self Someone else

If applying on behalf of another individual, what is his/her name? _____

Person completing application:

Mr. Ms.

Last Name

First

M. I.

Mailing Address

City

State

ZIP

() -

() -

Home Phone

Cell Phone

Email

If not Self, what is your relationship to person in need of assistance.

Contact information, if different from yours:

May we contact you directly if there are questions regarding this application? Yes No

Personal Hardship

Please provide a brief description of the event that led to this request for assistance.

Application for assistance for:

Last Name

First

M. I.

Financial Hardship

Please provide a detailed description of financial responsibilities **as a result of the described personal hardship** such as shelter, medical expenses that not being met (for self, spouse or child) or damages to primary property. (Attach documentation or additional information as appropriate.)

Application for assistance for:

Last Name

First

M. I.

Itemize the total expenses incurred as a direct result of the personal hardship:

Date	Type of expense (Medical, Lost work, Accommodations, Travel to Doctor, etc.)	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

List your most recent Greater Richmond-area theater activities.

If this information is prepared in another format (e.g. resumé,) you may submit it instead.

Theatre	Date	Role/Position

The information provided on this application is accurate to the best of my knowledge.

Applicant's signature

Date (MM/DD/YYYY)

