



# SYNERGY ART FOUNDATION

## **SD-Emergency Artist Support League**

Administered by Synergy Art Foundation

### **Grant Application**

The **SD-EASL Fund** provides limited financial assistance to San Diego County professional visual artists who are in dire temporary distress because of an unforeseen medical emergency or other catastrophic event. The maximum grant available is \$1,000 per emergency, or \$2,500 for major medical emergencies, annually.

The **SD-EASL Fund** is open to visual artists who have lived in San Diego County for a minimum of two years and are pursuing an art career as evidenced by a record of exhibitions and/or significant involvement in the San Diego arts community.

All questions must be answered completely and all requested materials enclosed/attached in order for your application to be evaluated.

Name			Social Security #
Email			Website
Address			City
County	State	Zip	
Phone	Cell		

### **What is the nature of your emergency?**

Limit your description to the space below. Attach documentation where possible or appropriate (i.e. doctor/hospital bills, police report, eviction notices, utilities notice, newspaper article, etc.)

### **Date of emergency**

**Estimate of total amount needed to recover (pay bills, etc.) \$**

**How much money are you requesting from the SD-EASL Fund? \$**

**Synergy Art Foundation prefers that checks be written to service providers. List in priority those who would receive payment from your grant.**

Check(s) written to	Amount \$
	Amount \$
	Amount \$

Service(s) provided (please list)

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Employed?                      Full-time                      Part-time                      How long?

If yes, list current employer, name, address, phone number. If no, list last employer and ending date of last employment. If self-employed, please state for how long and annual average income over the past 3 years.

**List all sources of income.**

**What other grants or funding (i.e. insurance, fundraising efforts, etc.) have you received related specifically to this emergency?**

**We may require proof of your financial status and/or residency** (driver's license, voters registration card, etc.)  
Is such documentation available?                      YES                      NO                      If not, please explain.

**List three references** who would know about your current situation. Include their addresses, telephone numbers, email and your relationship to them.

- 1.
- 2.
- 3.

**List at least one professional reference** who can verify your status as an arts professional.

**Is there someone we may contact on your behalf if we are unable to reach you?** List name, address, phone/cell number, email and relationship.

**How did you learn about SD-EASL?**

As documentation of your professional status, please enclose/attach your resume.

Signature of applicant

Date

***NOTE: All information received regarding this application will remain strictly confidential.***

**Send/email this completed form to:**

**Synergy Art Foundation SD-EASL**  
251 Barbara Avenue, Solana Beach, CA 92075  
Phone/Fax (858) 509 1155 | [Email: nnartd@gmail.com](mailto:nnartd@gmail.com) | [www.synergyart.org](http://www.synergyart.org)

***Art is a catalyst for personal empowerment, creativity, community building and positive social change.***