

Boston Singers' Relief Fund

A Program of Boston Singers' Resource



P.O. Box 51832
Boston, MA 02205
BostonSingersResource.org

Application for Support – COVID-19 Cancellations v.2

Classical singers are eligible to apply for up to \$500 in relief if they have lost income due to performances that have been cancelled because of COVID-19 public health concerns. Singers must be residents of New England. Applications are limited to singers who have lost income from cancelled classical music performances (opera, oratorio, symphonic, choral, recital, sacred – including church gigs); other public-health related cancellations are not currently covered by this emergency relief. Completed applications are reviewed and approved awards are paid on a rolling basis. Total funding is limited; the program may be discontinued at any time.

STRICTLY PRIVATE AND CONFIDENTIAL

- **Please complete every section and sign the form.**
- **Return completed form via email to info@bostonsingersresource.org, including all relevant documentation.**
- **Please attach a musical resume listing your current, past and future work as a singer.**

COVER SUMMARY

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email: _____

Date of request _____

Cancelled gig(s) info (please list multiple calls if paid per call, attach additional spreadsheet if necessary):

Date	Ensemble/Employer	Description (must be classical singing)	\$ lost

Estimated total lost fees to date: \$ _____

Amount Requested (\$500 maximum per applicant): \$ _____

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SUPPLEMENTAL MATERIALS

- **NARRATIVE**

Please write a description of your situation and your financial needs.

- **CONTRACT**

Please attach a contract or employment agreement for the cancelled performance(s).

- **PROOF OF CANCELLATION**

Please attach proof of cancellation for the cancelled performance(s).

- **PROOF OF RESIDENCY**

Please attach proof of New England residency

I CONFIRM THAT:

1. The details I have given on this application form are true to the best of my knowledge.
2. If my material circumstances should change for the better, or if any other organization shall give me additional assistance, I will immediately inform the Boston Singers' Relief Fund. I accept that the BSRF reserves the right to withdraw any award made in whole or in part, and be reimbursed in full, should information come to light that materially contradicts the application I have made or if it is discovered that any award granted to me has been used for a purpose other than for which it was given.
3. I will participate in anonymous follow-up surveys if asked in order to assist BSRF in evaluating their grantmaking.

Signature: _____ Date _____

The Boston Singers' Relief Fund will only process data for the purposes of your application and will not release information to any third party for any reason without your written consent.

The Boston Singers' Relief Fund and Boston Singers' Resource prohibit discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference.