

**THE HAVEN FOUNDATION
PO BOX 128
BREWER, MAINE 04412**

Please mail completed application and all materials to the above address.

PLEASE NOTE: Limited financial aid is intended for established writers/fine arts members and their dependent families who are in need of assistance due to sickness or distress caused by unfortunate circumstances. Requests for educational or writing grants are not eligible.

Name:	Phone:	
Address:		
State:	Zip:	
Email:		
SSN:	Age:	Date of Birth:

Established Writing/ Fine Art Background:

Check The Freelance Fine Art you practice and for which you receive compensation:

Painting Sculpture Graphics Writing Music Other

Number of years you have received income from your profession:

School(s) Attended:

Professional Organization(s):

Family Information:

Marital Status:

Married Single Divorced Separated Widowed

Number of adults, other than yourself, in your household:

Number of children in your household:

Number of children over 21:

Parents' Ages (if living): Father: Mother:

Can your children over 21 and/or your parents provide assistance?

Yes No

If not, why?

Health Insurance Information:

List your health/medical plan coverage (Medicare, State, HMO) and limits (if any) of coverage:

Financial Information:

Your household's total income from all sources (social security, pensions, stocks, bonds, real estate, trust funds, etc)

Total value of your household's investments (stocks, bonds, mutual funds, cd's, savings, real estate, etc.)

Do you rent or own your home or apartment?

Home: Own Rent
Apartment: Own Rent

Monthly mortgage or rental payment

Please list any other organizations to which you have applied for financial assistance:

If you have received any grants/awards within the past 12 months, please list the source and the dollar amount:

Have you ever received financial assistance from The Haven Foundation?

Yes No

Minimum amount of financial assistance you need:

How did you hear about The Haven Foundation?

I hereby declare all statement made herein are accurate and true.

Signature: _____ Date: _____

IMPORTANT: The following material must accompany this completed application:

1. Signed copy of household's last 3 years IRS tax return(s).
2. Copies of medical expenses (doctors and hospital bill (s)).
3. A letter detailing the reasons for the need of financial assistance.
4. CD or slides of current work, resume, exhibition brochures, gallery affiliation, publisher(s), musical demonstration.

If you need the material returned, please include self-addressed, stamped envelope.

DO NOT WRITE IN THIS SPACE

Board's decision to grant financial assistance:	Yes	No
Payment Approved: \$		
Payment to be made as follows:		
Returned Data	Yes	No
		Date Returned:
Application on hold pending receipt of additional information		