



# RECORDING ACADEMY™ MUSICARES®

## MUSICARES APPLICATION FOR DISASTER RELIEF

### ELIGIBILITY REQUIREMENTS AND PROCEDURES

Applicants must be able to document participation in one of the following areas:

- At least 5 years of employment in the music industry
- At least 6 commercially released recordings (singles)
- At least 6 commercially or promotionally released music videos

Please include the following items with the completed application:

- Detailed music industry background documentation (articles, liner notes, letters from employers, etc.)
- A resume or discography

Submit the application via one of the following ways:

- Fax the documents to 615.327.0876
- Scan and email the documents to [MusiCaresHurricaneRelief@grammy.com](mailto:MusiCaresHurricaneRelief@grammy.com)

## MusiCares for Music People

### South

**Toll Free Number: 1.877.626.2748**

1904 Wedgewood Avenue • Nashville, TN 37212

Phone: 615.327.0050 • Fax: 615.327.0876

**MUSICARES.ORG**  
**MUSICARESHURRICANERELIEF@GRAMMY.COM**

## MUSICARES APPLICATION FOR DISASTER RELIEF SERVICES

Name: \_\_\_\_\_  
*(As it appears on your Social Security Card)*

Recording Academy Member?  Yes  No Member Number: \_\_\_\_\_  
*(Applicants do not have to be a Recording Academy member to receive assistance – for statistical purposes only)*

Professional Name: \_\_\_\_\_  
*(If different)*

Spouse/Partner Name: \_\_\_\_\_

*(If applicable)*  
Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(If different)*

Daytime/Evening Phone Number: \_\_\_\_\_ / \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Education:  
 Some High School  H.S. Diploma/GED  Some College  College Degree  Advanced Degree

Ethnicity:  
 African American  Asian-Pacific Islander  Biracial  Caucasian  Latino  Native American  
 Other

*(For statistical purposes only – optional)*

Marital Status: \_\_\_\_\_ Number of Dependents \_\_\_\_\_ Ages of Dependents \_\_\_\_\_

Is your spouse/partner employed?  Yes  No If yes, employer information: \_\_\_\_\_  
\_\_\_\_\_

Average Monthly Household Income: \$ \_\_\_\_\_

**PROFESSIONAL CAREER HISTORY:**

Please state how many years you have been employed in the music industry: \_\_\_\_\_

In what capacity? \_\_\_\_\_ Primary Genre \_\_\_\_\_

Please provide a brief work history in the music industry (include any commercially released recordings and/or videos, if applicable):

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Do you play an instrument(s)?  Yes  No If yes, please list: \_\_\_\_\_

*(It is required that you attach your work history documentation such as a resume or discography to this application.)*

Are you currently employed outside of the music industry?  Yes  No If so, where? \_\_\_\_\_

**BRIEFLY DESCRIBE HOW YOU WERE AFFECTED BY THE DISASTER:**

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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 for any assistance from MusiCares.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*To the best of my knowledge, I certify that the above information is true.*

**DATE COMPLETED (for office use only):** \_\_\_\_\_