

Storyteller Relief Fund Application

Please fill out this application carefully, giving your best answer to every question. Treat each one as though it is required (except for the last 4). Make sure to enter "None, Zero, 0, or N/A" in any field that you have no other answer for. The optional questions at the end are intended solely to help us create an organization that is Inclusive, Diverse, Equitable, and Accessible. Each one has a "Prefer not to answer" choice, and no funding decisions will be based on the responses (or lack thereof) to these last four questions. When you are done, save this form as "SRF_AppL_Your_Name.pdf", and email a copy to nicolettestory@gmail.com.

Date:

Last Name:

First Name:

MI:

Home Phone:

Cell Phone:

Email:

(Please mark the box next to whichever is the best way for us to reach you.)

Mailing Address:

1. Is storytelling your primary source of income?

Yes

No

1a. If Yes:

For how many years has storytelling been your primary source of income?

What is your estimated annual income (before emergency) from storytelling?

1b. If No:

What is your primary source of income?

How much is your annual income from this source?

What is your estimated annual income from storytelling?

2. Please list any additional sources of income you have (e.g. second income, retirement, social security, etc.) and the amounts:

3. Are there other wage earners in your household, and what is their income?

4. How many dependents in your household?

5. How has your storytelling income been affected by the current emergency, and for how long have you been affected, or estimate that you will be affected?

6. Have you experienced any other physical losses related to your storytelling (e.g. loss of power, loss of equipment, housing insecurity)? If so, please detail:

7. What other relief funds have you applied for? (Please note the status of each as *accepted, pending, or denied.*)

8. What is the specific need or needs you are seeking help with (e.g. groceries, rent, utility bills, etc.)?

9. What dollar amount are you applying for (given that funding amounts are from \$100 – \$300)?

10. Please list website, social media handles or other places we can go to assess your business as a storyteller:

11. What professional organizations are you affiliated with? NSN, ASST, ISC, Regional or State Organization, Local Festival/Group, and any others:

12. In addition to a potential SRF grant, what other ways might ASST be of assistance to you (e.g. cross-promotion, networking, workshops, etc.)?

13. If your application is approved, how would you like to receive payment?

- PayPal account under the email provided
- Check mailed to the address provided

14. How did you hear about the Storyteller Relief Fund?

- Personal referral/email
- Website

- Facebook
- Instagram
- Twitter

Optional Questions (only because we are striving to create an organization that is Inclusive, Diverse, Equitable, and Accessible):

15. What is your gender?

- Female
- Male
- Transgender
- Gender Fluid
- Prefer not to answer

16. What is your sexual orientation?

- Heterosexual
- Homosexual
- Bisexual
- Prefer not to answer

17. What is your race/ethnicity (check all that apply):

- African–American or Black
- Asian
- Hispanic or Latinx
- Native American or Indigenous
- Pacific Islander
- White
- Prefer not to answer

18. Are you a person with a disability?

- Yes
 - No
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