



DAI VERNON FOUNDATION

Financial Hardship Grant Application

Your information is treated confidentially and your privacy is important to us.

Note: All fields are mandatory unless indicated.

INFORMATION ABOUT GRANTEE (This will help determine your eligibility):

Name:

Are you applying for:

yourself? someone else?

If someone else, who:

Your relationship to grantee:

Is grantee a US citizen:

Yes No

Gender of grantee:

Male Female Non-binary Transgender

Age of grantee:

Current employment status of grantee:

Employed full-time Employed part-time
 Unemployed Self-employed
 Student Retired

Employer, if applicable:

Job Title:

Magic organization(s) grantee is affiliated with and years of affiliation, if any (e.g. IBM Ring 1 1970-1979; SAM Assembly 2 1970-2000; Magic Castle member #0000, 1990-2020):

Grantee's affiliation with the magic community, if any (e.g. performer, writer, producer, creator, etc.) and a brief narrative of your magical experience:

Special situations: (check all that apply)

- Disabled Student Homeowner
- Veteran Low-income Visible minority
- Small business owner

What is your main goal: (check one)

- Pay personal debt
- Pay medical bills
- Save on mortgage payments
- Going to or completing college
- Improve or repair credit
- Increase income
- Start a business
- Other: _____
- No specific goal this year

Primary type of debt: (check one)

- None (no debt)
- Mortgage
- Credit card(s)
- Personal loan(s)
- Healthcare bill(s)
- Student loan(s)
- Other: _____
unsecured loans, taxes, etc.

How much total debt do you have:

(not including mortgage payments)

- Less than \$1,000 \$1,000 to \$4,000
- \$4,000 to \$7,000 \$7,000 to \$10,000
- \$10,000 to \$25,000 \$25,000 to \$50,000
- \$50,000 to \$100,000 \$100,000 to \$200,000
- \$200,000 or more

If you have mortgage or rent payments, how much are they monthly: _____

Annual gross household income of the grantee:

- \$0 - 14,999 \$15,000 - 24,999
- \$25,000 - 39,999 \$40,000 - 59,999
- \$60,000 - 74,999 \$75,000 - 99,999
- \$100,000+

Other sources of income:

Any additional information regarding your personal situation you would like to share with us (optional)?

I certify that the information provided in this grant application is true, accurate and complete to the best of my knowledge. I understand that any false or fraudulent statements or omissions may result in disqualification for any grant from the Dai Vernon Foundation. This application was executed on the ____ day of _____, 20__ at _____.

Signature: _____

Physical address of grantee:

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Return the completed application to info@daivernonfoundation.org or mail to:

Dai Vernon Foundation
 Attn: Grant Requests
 11333 Moorpark Street #22
 Studio City, CA 91602