



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)

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Student | <input type="checkbox"/> Homeowner |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Low-income | <input type="checkbox"/> Visible minority |
| <input type="checkbox"/> 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)**

- | | |
|--|---|
| <input type="checkbox"/> Less than \$1,000 | <input type="checkbox"/> \$1,000 to \$4,000 |
| <input type="checkbox"/> \$4,000 to \$7,000 | <input type="checkbox"/> \$7,000 to \$10,000 |
| <input type="checkbox"/> \$10,000 to \$25,000 | <input type="checkbox"/> \$25,000 to \$50,000 |
| <input type="checkbox"/> \$50,000 to \$100,000 | <input type="checkbox"/> \$100,000 to \$200,000 |
| <input type="checkbox"/> \$200,000 or more | |

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

Annual gross household income of the grantee:

- | | |
|--|--|
| <input type="checkbox"/> \$0 - 14,999 | <input type="checkbox"/> \$15,000 - 24,999 |
| <input type="checkbox"/> \$25,000 - 39,999 | <input type="checkbox"/> \$40,000 - 59,999 |
| <input type="checkbox"/> \$60,000 - 74,999 | <input type="checkbox"/> \$75,000 - 99,999 |
| <input type="checkbox"/> \$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