

# Application for Funeral Assistance Grant



Behind the Scenes is a 501(c)(3) charitable organization which provides financial assistance to entertainment technology professionals who are seriously ill or injured. The Funeral Assistance Grant is intended to assist surviving family members of qualified Eligible Persons with the costs of funeral expenses. If an eligible entertainment industry professional has left immediate dependent family members, our first priority is to ensure that they are cared for. For example, can they afford to stay in their home and pay utility bills while they figure out how to move forward? If that need exists, then a surviving family member may complete a separate Basic Needs Grant Application.

If the deceased has no immediate dependent family members in need, then Behind the Scenes may award \$500 towards funeral expenses in honor of that person's career in the industry. A surviving family member of an eligible person, or other concerned individual, should complete this application.

An Eligible Person is an individual who resided in the United States or Canada and earned their living for a minimum of five years in the entertainment technology industry. The Eligible Person did not have to be currently working in the industry as long as the time out of the industry was less than the total time worked in the industry, unless the individual was retired or on disability. Performing artists are not eligible. Final determination of eligibility is at the sole discretion of the Board of Directors

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Relationship to Deceased Eligible Person (*you may be asked to provide documentation of relationship*):

Spouse  Domestic Partner  Child  Sibling  Parent  Other \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Deceased Eligible Person: \_\_\_\_\_

Last Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Occupation: \_\_\_\_\_

## Information on Deceased Eligible Person

List all Union affiliations, past or present, and indicate whether currently active or inactive (*please provide copy of Union cards*):

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### Employment History (*must demonstrate minimum of 5 years full time employment in the industry*)

Most Recent Status:  Full Time  Free Lance  Unemployed  On Disability  Unpaid Leave  Retired

Current / Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

### If employed with the above for less than 5 years, please complete the following:

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

## Disclosure Regarding Financial Assistance

The undersigned Applicant understands and agrees as follows:

1. Awards of financial assistance granted by the Behind the Scenes Foundation will be dispersed on a case-by-case grant basis. Any grant of financial assistance is not an agreement by the Behind the Scenes Foundation to provide the applicant with financial assistance for any period of time or in any amount other than that specified by the Behind the Scenes Foundation in its sole and absolute discretion at the time of the grant. Grants must be used within three months of award, subject to extension in the sole and absolute discretion of the Behind the Scenes Foundation.
2. The amount and conditions of the grant shall be determined at the sole discretion of the Behind the Scenes Foundation's Board of Directors based, in part, upon the recommendation of a three member screening panel. The satisfaction of minimum eligibility standards does not guarantee grant approval for financial assistance. The Behind the Scenes Foundation does not discriminate based on race, religion, color, national origin, sex, sexual orientation, or political affiliation.
3. The use of grants for legal expenses is strictly prohibited.
4. Applicants shall provide evidence of approved use of funds and the undersigned agrees to provide such evidence promptly. In the event funds are not used for the purposes stated in the Application, the Behind the Scenes Foundation reserves the right to demand and seek repayment of funds dispersed.
5. The Behind the Scenes Foundation reserves the right to condition any award or grant and at any time to modify the amount or terms of any financial assistance awarded or to terminate such financial assistance upon a change of either the grantee's or the Behind the Scenes Foundation's circumstances or the discovery of new information relevant to such financial assistance or this Application.
6. The undersigned hereby authorizes the Behind the Scenes Foundation (a) to communicate with the people and organizations listed in this Application or on supporting documentation to verify the information contained in this Application, (b) to share the Applicant's information contained in this Application with the Actors Fund, Actors Fund of Canada, Motion Picture & Television Fund, Will Rogers Motion Picture Pioneers Foundation, or any of them; and (c) to conduct a credit investigation and obtain credit reports on the Eligible Person. The undersigned hereby authorizes the people and organizations listed in this Application or on supporting documentation and credit reporting agencies to release to the Behind the Scenes Foundation, and its duly authorized representatives, any information deemed necessary by the Behind the Scenes Foundation to complete its review of this Application. Specifically, the undersigned authorizes any insurance company, organization, employer, hospital, physician or pharmacist to release any information requested by the Behind the Scenes Foundation (or its representatives) with regard to medical treatment, dates of medical service, and medical condition to the Behind the Scenes Foundation and its representatives.
7. The undersigned understands that the Behind the Scenes Foundation may request additional documentation in support of this Application as proof of need.
8. The undersigned hereby certifies that he/she has answered the foregoing questions to the best of his or her ability, and that the information provided by the undersigned is true, complete and correct. The undersigned understands that any false or misleading information will disqualify the Eligible Person from receiving any financial assistance from the Behind the Scenes Foundation. In the event a grant has been made prior to the discovery of any such false or misleading information, the Behind the Scenes Foundation reserves the right to recover from the undersigned the funds previously granted and paid.
9. Information submitted or received in connection with this Application will be disclosed to and used by the Behind the Scenes Foundation and its Board of Directors and staff in evaluating the Application, and will be held confidential unless otherwise required by law. In the event the Application is approved, however, the Behind the Scenes Foundation reserves the right and the undersigned agrees that the Behind the Scenes Foundation (without disclosing the recipient's name or address) shall have the right to release information publicizing the grant and explaining the basis upon which the grant was made.

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Signature of Applicant

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Date

**Mail to: Behind the Scenes, P.O. Box 368 Lakeville, CT 06039**

**Fax to: 646-713-2308**

**Email to: [info@behindthescenescharity.org](mailto:info@behindthescenescharity.org)**

**Please call 212-244-1421 with any questions**