



Cascade Blues Association - Music Relief Fund
Confidential Application

Full Name:

Street Address, City, State & Zip Code:

Phone Number/s:

Email address:

Medical & Financial Reason For Request:

Which Other Organizations Have You Sought Assistance From?

I hereby certify that I have completed all questions to the best of my ability and that all facts stated herein are true. I understand that any false information and misrepresentations provided will disqualify me from any assistance.

Signature:

Date: