



Lisker Music Foundation

APPLICATION FOR COVID-19 MUSICIAN RELIEF FUND

*Fields in red are required**

Legal Name (as it appears on your social security card)

*First Name _____ *Last Name _____

*Date of Birth _____

*Mailing Address

*Street Address Line _____

*City _____ *State _____ *Zip Code _____

*Cell Phone _____

*Email _____

*Website _____

*Are you a member of any Union/Music Organization/College? _____

*How many years have you been employed in the music industry? _____

* _____

*Your Specialties/Field (list all)? _____

*Are you currently receiving unemployment? _____

*What instrument(s) do you play? _____

*What type of work do you do? _____

*Do you currently have employment outside of the music industry? If yes, where? _____

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