



# Mississippi Blues Foundation Blues Musicians Benevolent Fund

## MISSION

Many of Mississippi's blues musicians are living in extreme poverty, in need of food, shelter, medical care and other assistance. House Bill No. 1160 allows the Mississippi Blues Commission (MBC) via the Mississippi Blues Foundation (MBF) to "raise and expend grant funds to provide assistance to any blues musician in need." The Benevolent Committee of the MBF has been set up to raise and oversee the distribution of these funds.

## ELIGIBILITY

Any blues musician with a demonstrated need will be eligible to apply for assistance.

## PROCESS

All requests for assistance will be forwarded to the Chair of the Benevolent Committee to be considered by the full committee. To facilitate a prompt response the Committee will consider these requests at a regular meeting or electronically. Applicants will be notified of the MBC's decision as soon as possible.

## Mississippi Blues Foundation Assistance Application

Date: \_\_\_\_\_

### APPLICANT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Stage Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Age: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Recording Artist: Yes No Group Name: \_\_\_\_\_

Musician: Yes No Other: \_\_\_\_\_

Record Label: \_\_\_\_\_

Recordings: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_

Reason for Request:

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**Mississippi Blues Foundation Assistance Application:**

*In completion of this Mississippi Blues Foundation Emergency Financial Assistance Application, I, the undersigned, understand and agree to the following:*

- Submission of this application does not automatically entitle me to any assistance. Any assistance provided is granted on a case by case basis and intended to be emergency aid only.
- The Mississippi Blues Foundation reserves the right to approve or deny assistance to applicants. Unsigned, incomplete or illegible applications may be rejected. Applications may also be denied for reasons including, those who are ineligible, have provided false information, failed to investigate and access available financial resources including alternative work and qualifying public benefits programs.
- The Mississippi Blues Commission reserves the right to communicate with responsible individuals and/or agencies and organizations for the purpose of obtaining and verifying information pertaining to my eligibility, financial situation and/or medical status.
- I hereby certify that I have completed all questions of this application 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 of Applicant: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Enclosures:    Yes    or    No

Mail Application to:  
Dr. Edgar Smith, Chair  
Attn: The Mississippi Blues Foundation Bevenolent Committee  
5934 Paddock Place  
Jackson, MS 39206