



# 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:	<input type="text"/>
Are you applying for:	<input type="checkbox"/> yourself? <input type="checkbox"/> someone else?
If someone else, who:	<input type="text"/>
Your relationship to grantee:	<input type="text"/>
Is grantee a US citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender of grantee:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender
Age of grantee:	<input type="text"/>
Current employment status of grantee:	<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> Student <input type="checkbox"/> Retired
Employer, if applicable:	<input type="text"/>
Job Title:	<input type="text"/>

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)**

- ☐ Disabled ☐ Student ☐ Homeowner  
☐ Veteran ☐ Low-income ☐ Visible minority  
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**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)**

- ☐ Less than \$1,000 ☐ \$1,000 to \$4,000  
☐ \$4,000 to \$7,000 ☐ \$7,000 to \$10,000  
☐ \$10,000 to \$25,000 ☐ \$25,000 to \$50,000  
☐ \$50,000 to \$100,000 ☐ \$100,000 to \$200,000  
☐ \$200,000 or more

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

**Annual gross household income of the grantee:**

- ☐ \$0 - 14,999 ☐ \$15,000 - 24,999  
☐ \$25,000 - 39,999 ☐ \$40,000 - 59,999  
☐ \$60,000 - 74,999 ☐ \$75,000 - 99,999  
☐ \$100,000+

**Other sources of income:**

Please share any additional information regarding your personal situation that might help us in making our determination.

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: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Return the completed application to [info@daivernonfoundation.org](mailto:info@daivernonfoundation.org) or mail to:

Dai Vernon Foundation  
Attn: Grant Requests  
11333 Moorpark Street #22  
Studio City, CA 91602