



MOOKIE JAM FOUNDATION

benefiting artists with multiple sclerosis

Mookie Jam Application for Assistance (Due April 1, 2011) Please Type or Print All Information

You may type all information and print or print first and hand write all information. Please remember to sign your application and include all requested documents before sealing your envelope. This form cannot be emailed.

Name	<input type="text"/>	Date of Birth	<input type="text"/>
Home Address	<input type="text"/>	Home Phone	<input type="text"/>
City, State, Zip	<input type="text"/>	Alternate Phone	<input type="text"/>
Social Security Number	<input type="text"/>	Marital Status and/or # of Dependents	<input type="text"/>

When were you diagnosed with multiple sclerosis?
(please attach copy of letter from physician as proof of diagnosis)

How has this diagnosis affected your artistic career?
(please include portfolio, reviews, programs, writing samples, websites, etc.)

What financial hardships have you experienced as a result of this diagnosis?
(please attach any of the following you may have: a copy of last year's W-2's, recent payroll stubs, medical bills, etc.)

Monthly Budget Form

Please make sure you divide annual, semi-annual, or other types of payments into monthly sums

Income		Expenses	
Income from Work	<input type="text"/>	Rent/Mortgage	<input type="text"/>
Spouse/Partner's Income	<input type="text"/>	Home/Renter's Insurance and/or Maintenance Fees	<input type="text"/>
Residuals/Royalties	<input type="text"/>	Gas	<input type="text"/>
		Water	<input type="text"/>

Social Security/Disability or Unemployment Income

Unemployment Income

Total Household Income

Additional Income (Please describe)

Electric

Phone

Food/Entertainment

Credit Card Payments

Transportation

Health Insurance

Medical Bills*

**Medical expenses include deductibles or costs not covered by insurance*

Prescriptions

Additional Expenses (Please describe)

TOTAL EXPENSES

TOTAL INCOME

In 100 words or less, please describe how MS has influenced your life and how you anticipate Mookie Jam's assistance will help. Attach an additional sheet if necessary

Certification and Authorization

I hereby certify that I have answered the questions in this application to the best of my ability without any limitations whatsoever; the facts stated herein are true and I understand that any misrepresentation or false information will disqualify me from any assistance from Mookie Jam. I hereby authorize Mookie Jam to communicate with those people or organizations listed in this application regarding the information contained herein.

Signature of Applicant _____ Date

Disclaimer

I hereby give Mookie Jam consent to use my name, photograph and/or likeness for advertising and promotional purposes in connection with Mookie Jam. I would be willing to participate in Mookie Jam's award ceremony.
(Failure to sign the above disclaimer will in no way affect Mookie Jam's decision regarding your application)

Signature of Applicant _____ Date