

# KYLE PAVONE FOUNDATION

## Covid-19 Relief Application

**Purpose:** To provide scholarships to touring musician's that have encountered a hardship due to the inability to perform during the Covid-19 pandemic.

**Eligibility:** Individuals that are members of an independent performing band

**Criteria for Scholarship Assistance:**

1. Applicant is not eligible for unemployment
2. Applicant is in need of resources to address one or more of the following:
  - Support for mental health or physical health services and/or treatment
  - To support drug/alcohol abuse treatment
  - To assist with nutrition and/or food deficits to support health
  - To maintain housing and prevent homelessness

**Scholarship Communication and Awarding Process:** Applicant will be notified of scholarship award or denial within three business weeks. Awarded scholarship funds will be sent directly to the applicant by Battle Creek Community Foundation (fiscal agent of the Kyle Pavone Foundation).

**To be considered, you must submit the following documents:**

- This application
- Financial information (see next page)
- A copy of your Bands Scheduled Performances and performances that could not be completed
- A description of your financial situation or hardship

Applicant \_\_\_\_\_  
Last Name First Name Middle Initial

Date of Birth \_\_\_\_\_ Male  Female

Mailing Address \_\_\_\_\_  
Street City State Zip

County \_\_\_\_\_ Phone \_\_\_\_\_  
Cell Home/Work

Email Address \_\_\_\_\_ Last four digits of Social Security Number \_\_\_\_\_

**Financial Information:**

Original documents are not required. Documents will not be returned.

Annual Household Income: \_\_\_\_\_

Number of Adults \_\_\_\_\_ Children \_\_\_\_\_ in household

Please provide proof of annual household income by including all of the following documents that apply:

Income Verification
<input type="checkbox"/> Two (2) consecutive pay stubs for all adults in your household.
<input type="checkbox"/> If pay stubs are not available, provide a letter of employment specifying gross salary signed and dated by employer on company letterhead.
<input type="checkbox"/> Unemployment check/ verification showing gross and net income.

Benefit Information
<input type="checkbox"/> Social Security
<input type="checkbox"/> Unemployment
<input type="checkbox"/> Disability
<input type="checkbox"/> Retirement or Pension
<input type="checkbox"/> Public Assistance
<input type="checkbox"/> Section 8
<input type="checkbox"/> TANF (Temporary Assistance to Needy Families)
<input type="checkbox"/> WIC (Women, Infants and Children)
<input type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program)
<input type="checkbox"/> Medicaid

**Special Circumstances:** If your income has changed please explain. Please note any special circumstances that contribute to your request for financial assistance. Please use an additional sheet, if necessary. Examples of special circumstances include: Major medical expenses not covered by insurance, job loss, not eligible for unemployment, food insecurity, drug/alcohol abuse treatment, trauma counseling, mental and emotional health support, etc.

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**Touring history/touring life:** Please describe your touring history/life prior to COVID-19 and how its been affected since the pandemic.

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**Use of funds:** Please describe how these funds will be used.

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**Certification:** I certify that this application is complete and accurate.

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Name Signature Date

*Funds are limited and are made available thru a generous donation:  
Mail or Email Application to:  
Kyle Pavone Foundation  
In care of: Battle Creek Community Foundation  
32 W. Michigan Avenue  
Suite 1  
Battle Creek, MI 49017  
bccf@bccfoundation.org  
269-962-2181*