

Personal Information

Legal Name (to receive payment)

Preferred Name

if different from legal name above.

Gender Pronouns

- She/Her
- He/Him
- They/Them
- Other:

Name of person submitting

if different than the applicant

Email address of submitter

if different than the applicant

Do you identify as any of the following?

Please check all that apply

- Female
- Transgender
- Non-binary
- Low-income (Individual Annual Income under \$50,000)
- Person of color

Applicant's Mailing Address

Applicant's County of Residence

- Los Angeles County
- San Bernardino County
- Riverside County
- Orange County

Applicant's Phone Number

Applicant's Email Address

Applicant's Website

Artist Statement + Work Samples

Provide a brief artist statement

Maximum of 800 characters.

CV/Resume

2 pages maximum. Upload as a PDF or Word document.

If submitting a hard copy of the application via mail, include printed files of your CV or Resume with the application.

Work Samples

Compile no more than 10 samples of your work into a single PDF no longer than 10 pages and no larger than 10 MB. For sound/audio/video provide a maximum of 2 links to online content, no more than 5 minutes total.

If submitting a hard copy of the application via mail, include a printed PDF or sound/audio/video content via a CD or DVD.

Health Related Need Request

Please describe your medical, mental health, or dental related need. *

You do not need to reveal confidential health information, but please describe to the panel why you are applying for this grant. Relevant information may include: some explanation of the condition, how long this issue has affected you, why it is urgent to resolve, and how this cost or care is outside of what is generally accessible to you. Maximum of 1000 characters.

Amount Requested

Maximum of \$3,000, most grants will be between \$2,000 and \$3,000

Please describe what a "day in the life" looks like for you currently, while dealing with the medical, mental health, or dental issue.

Maximum of 1000 characters.

Please describe how the health related issue affects you financially.

Relevant information may include: How the medical, mental health, or dental related need has impacted your ability to live, work, or make art in a way you had previously. Maximum of 1000 characters.

If a \$3,000 grant will not cover the entire amount needed to resolve the medical, mental health, or dental related issue you described, in what ways will this grant help you receive needed care?

Maximum of 500 characters.