

Dear Applicant,

We are very sorry to hear about your recent emergency. Please find below our guidelines and application forms for assistance.

For eligibility requirements, please read the enclosed guidelines carefully. When sending completed application forms, be sure to include all supporting documentation. Review of applications does not begin until all required materials have been received by SCAARF.

Mail applications to the address below:

**SCAARF - Grants & Services**  
54 Glen Haven Ridge  
Soquel, CA 95073

Sincerely,

Lynn C. Miller  
Vice-Chairman of Santa Cruz County Youth Resource Bank

### **SCAARF GUIDELINES**

The *Santa Cruz Artists' Assistance & Relief Fund* (SCAARF) is a local organization making grants to professional Santa Cruz County *visual* artists experiencing a *recent career-threatening* emergency including illness, accident, fire, theft, or natural disaster. Unfortunately, we cannot fund financial crises unrelated to one of these aforementioned emergencies. The maximum grant available is \$1,000 per emergency.

**To qualify for SCAARF Funds, the applicant must meet all of the following criteria:**

1. Have lived in Santa Cruz County for a minimum of two years.
2. Be pursuing an art career, as evidenced by a record of exhibitions and/or significant involvement in the Santa Cruz arts community, for three years prior to this emergency.
3. Be experiencing a recent career-threatening (inability to work) emergency.
4. Be experiencing financial hardship (documented) due to this emergency.
5. Be a *professional* visual artist.

To be considered a **professional artist** you must have (during the three years prior to your emergency):

- Earned at least 50% of your income from the sales of your art (a portion of this income may come from a related activity, such as teaching workshops, etc.).
- Spent at least 50% of your work time producing and marketing your artwork.
- Exhibited your artwork locally and/or nationally.

If you need more information or feel that you are an *emerging* or *experimental* artist and that your work falls outside of the *professional artist* guidelines, you may appeal by email: [scaarf@ArtForArt.org](mailto:scaarf@ArtForArt.org).

**APPLICATION**

Name \_\_\_\_\_ Phone/cell \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City & Zip \_\_\_\_\_ Website \_\_\_\_\_  
County \_\_\_\_\_ Social Security # \_\_\_\_\_

***NOTE: All information received regarding this application will remain strictly confidential.***

What is the nature of your emergency? Limit your description to the space below. Attach documentation where possible or appropriate (i.e. doctor/hospital bills, police report, utilities notice, newspaper article, etc.).

Date of emergency \_\_\_\_\_

Estimate of total amount needed (to pay bills, etc.) \$ \_\_\_\_\_

How much money are you requesting from SCAARF? \$ \_\_\_\_\_

Employed? Full-time/ Part-time? How long? \_\_\_\_\_

If yes, list current employer with their name, address and phone number. If no, list last employer and ending date of last employment. If self-employed, please state for how long and annual income over the past 3 years.

List all sources of income.

What other grants or funding (i.e. insurance, fundraising efforts, etc.) have you received related specifically to this emergency?

We may require proof of your financial status and/or residency (driver's license, voters registration card, tax returns, etc.) Is such documentation available? YES NO If not, please explain.

List two references who know about your current situation. Include their addresses, telephone

numbers, email and your relationship to them.

List at least one professional reference who can verify your status as an arts professional. Include their addresses, telephone numbers, email and your relationship to them.

As documentation of your professional status, please enclose your resumé, including a list of your exhibitions for at least 3 years.

All questions must be answered completely and all support materials (copies only) enclosed, in order for your application to be evaluated.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

***NOTE: All information received regarding this application will remain strictly confidential.***

**Mail this completed form and support documents to:**

Santa Cruz Artists' Assistance & Relief Fund  
54 Glen Haven Ridge  
Soquel, CA 95073