

The PAT Fund
Performers Assistance Trust
Administered by the Wichita Blues Society

Accident/Illness/Rx or Emergency Assistance
Confidential Application

Applicant's Name: _____ **aka:** _____
Address: _____ **Phone:** _____
_____ **Phone:** _____
Email: _____
Alt. Contact: _____ **Phone:** _____
Relationship: _____

Have you applied to the PAT Fund (or MRF) before? _____ **When?** _____

Were you helped? _____

Are you _____ **/ were you** _____ **employed? PT / FT** _____ **Where?** _____

Does your spouse work? _____ **PT / FT** _____ **Where?** _____

Are you insured? _____ **By?** _____

Other sources of income? _____

Total household income in the last 90 days? _____ **# of Dependents?** _____

___ [\$0 - \$300] ___ [\$301 - \$800] ___ [\$801- \$1500] ___ [\$1501-\$2500] ___ [More]

Why are you applying to the PAT Fund: _____ **accident** _____ **illness** _____ **Rx meds**
_____ **family emergency** _____ **Other**

Please explain: _____

_____ *(Continue on reverse)*

Amount Requested: _____

Do you foresee being able to repay this assistance? _____

From a legal settlement? _____ **Insurance reimbursement?** _____ **Other?** _____

Would you be willing to volunteer at a PAT Fund event? _____

Comments: _____
_____ *(Over, please ...)*

Accident/Illness/Rx or Emergency Assistance Confidential Application - Side 2

Applicant's Name: _____

(Why you are applying to the PAT Fund cont'd.) _____

**Who can verify that the applicant is/has been an active musician in Wichita/So. Central KS?
(References can be club owners, other area musicians, etc.)**

Name: _____ **Contact:** _____

Name: _____ **Contact:** _____

Name: _____ **Contact:** _____

Applicant's signature: _____ **Date:** _____

Send your completed application to: Ann Keefer, ad hoc chairperson
3017 Oakland
Wichita, KS 67211

If you have any questions, call: 316-651-0407

— FOR PAT FUND COMMITTEE & WBS USE ONLY —

Date Rec'd: Reviewed:

Notes/Comments: _____

Recommended/Declined: _____ **Chairperson:** _____

Submitted to WBS Board: _____ **Approved assistance of:** _____

Denied: _____

Check/Funds issued: _____ **WBS Treasurer:** _____
