

STUNTWOMEN'S FOUNDATION APPLICATION FOR FINANCIAL ASSISTANCE SUMMARY AND DESCRIPTION

The Stuntwomen's Foundation ("Foundation") provides limited financial assistance to injured stuntwomen who have demonstrated a significant financial hardship.

To apply for assistance, please mail the following documents to:

Stuntwomen's Foundation
C/O Annie Ellis
5699 Kanan Rd. #533
Agoura Hills, CA 91301

- - A completed Financial Assistance Grant Application
- - A copy of your most recent federal tax return

You ("Applicant") will be notified as to whether or not your application is approved. If approved, the Foundation will contact the Applicant regarding Grant disbursement. Regrettably, limited funding may prevent the Foundation from assisting many qualified applicants. Approval is based upon the availability of funds and upon the approval of the Foundation Board of Directors. **All determinations made by the Foundation Board of Directors are final and not subject to review.**

Eligibility: Financial Assistance Grants are made by the Foundation to provide financial assistance to qualified stuntwomen who are current members of the Screen Actors Guild. The size of the fund is limited and the Financial Assistance Grants will vary from year to year depending on the number of qualified applicants and the funds available for grants. Financial Assistance Grants are in the form of a corporation check from the Foundation. A Financial Assistance Grant is intended to provide assistance to those most in need and is not intended to assist Applicants with minor financial inconvenience.

Low Income Requirement: The Foundation makes Financial Assistance Grants only to those with proven low income and in financial hardship. Low-income is defined as, "Having a total family income, from all sources, at or below the 80% of the median income for the area in which the applicant lives". For example, if the median income for the Los Angeles, California area for a family of 4 were \$47,600.00, 80% of the median income would be \$38,080.00. The average very low income individual falls at or below 50% of the median, and that income limit for the Los Angeles area for a family of 4 is currently believed to be \$23,800.00. Using the above formula, an Applicant is qualified to receive a Financial Assistance Grant from the Foundation only if her family income results from the applicant's inability to work due to a work related injury, a non-work related injury or debilitating illness. The Foundation will consider the applicant qualified to receive financial assistance up to but not exceeding \$10,000.00 per year. The Foundation provides its financial assistance to stuntwomen on a true charitable basis and without regard to age, religion, creed or national origin, although all recipients of Financial Grants must be professional stuntwomen who were engaged in some form of the performing arts such as motion pictures, television or legitimate theater.

**STUNTWOMEN'S FOUNDATION
FINANCIAL ASSISTANCE GRANT APPLICATION**

The undersigned hereby acknowledges her understanding that Financial Grants are extremely limited, and hereby certifies that she meets the "Eligibility" and "Low Income Requirement" as described above in the Summary and Description.

Signature: _____ Date: _____

Print name: _____

Please PRINT all required information using additional paper if needed. Do not indicate "Not Applicable" or "N/A" without written explanation.

1. Name:

2. Address City, State, Zip:

3. Home Telephone:

4. Date of Birth:

5. Social Security Number or Other Identifying Number:

6. Eligibility Information:

- SAG membership number:
- Effective since (date):
- Date of Injury or Illness:
- Description of Injury or Illness:

- Motion Picture OR Television Program:
- Production Company:
- Worker's Compensation Claim and Status:
- Insurance Claim and Status:
- Personal Injury Claim and Status:

7. Description of Proposed Expenses and Justification of Need:

8. Physician's Name (service provider) and Telephone Number:

9. Consent to Access/Waiver of Confidentiality:

Applicant agrees that the Foundation may obtain access to the Applicant's medical records or may contact Applicant's medical service providers for the purpose of verifying and considering this Application. By signing below, Applicant authorizes any person to whom a copy of Section 10 of this Application is provided to release any medical information necessary to enable the Foundation to evaluate this Application.

Signature: _____

Date: _____

Print name: _____

10. Applicants will be expected to provide documentation and report on a semi-annual basis as to the actual disposition of Grant funds received from the Foundation. For example, documentation that supports Section 8 above. Applicants will be contacted by the Foundation after six (6) months, and on the one (1) year anniversary of the Financial Assistance Grant disbursement. By signing below, Applicant agrees to this semi-annual report.

Signature: _____

Date: _____

Print name: _____

11. If Financial Grants are used to pay a portion of medical care costs, the Foundation assumes no liability and makes no assurances as to the appropriateness, quality or outcome of any medical diagnoses, treatment, product or service.

12. Applicant grants consent to the Foundation to the use Applicant's name and/or likeness, and any descriptions of medical care received by Applicant- ("Material"), in Fundraising Events ("Events") in connection with advertising, publicizing, exhibiting and exploiting the Events (in whole or in part, in any and all media in perpetuity throughout the universe, in any way and in conjunction with any other material as the Foundation may choose. Applicant hereby acknowledges that the Foundation shall have no obligation to utilize Applicant's name and/or likeness and/or the Material in the Events.

13. Applicant hereby releases the Foundation, it's principals and it's successors, assignees and licensees from any and all claims and demands arising out of or in connection with such use including, without limitation, and any and all claims for invasion of privacy, infringement of Applicant's right of publicity, defamation and any other personal and /or property rights. Applicant understands that the Foundation is

proceeding with the production, distribution and exploitation of the Events in reliance upon and induced by the foregoing permission.

This Application shall also serve to confirm that Applicant has the authority to grant to the Foundation the right to use Applicant's name and/or likeness and/or the Material and that the Foundation's exercise of such rights shall not violate or infringe any rights of any third party. Applicant hereby acknowledges that the Foundation has made no representations, warranties, or promises to Applicant regarding Applicant's name and/or likeness and/or Material other than as set forth in this document, and that this document represents the entire agreement between Applicant and the Foundation in connection therewith.

14. Applicant understands and agrees that the decisions of the Board of Directors as to need and merit will be made in their sole and absolute discretion, are final and not subject to review, and that the Foundation shall be under no obligation to provide any applicant with an explanation of its decision.

15. The information provided in this Application is made for the purpose of applying for a Financial Assistance Grant. The Foundation will rely on the truthfulness of all the information provided in this Application. The undersigned hereby states under penalty of perjury that all information set forth in the following Financial Assistance Grant Application together with all the accompanying financial statements, is true, correct, complete and fairly represent the financial condition of the undersigned as of the date thereof. I hereby attest that the foregoing information is accurate and complete.

Signature: _____

Date: _____

Please mail the signed and completed Financial Assistance Grant Application, together with the attached financial statement to the above set forth address. Attention: Application Review Committee. Please keep a copy for your records.