

PORTLAND AREA THEATRE ALLIANCE VALENTINE FUND APPLICATION

Please note: Valentine Funds are awarded to PATA members only.

Applications are sent to the Valentine Fund Committee blind (with names and contact information removed). The Committee makes recommendations to the PATA Board from these blind requests. Names are revealed to the PATA Board for final approval process, however, the Board and staff of PATA will not reveal your name or information to anyone outside the organization.

Former recipients may be asked for permission to reveal their identity at a later date, for purposes of promoting the Valentine Fund. This is entirely voluntary, and recipients will not be asked to reveal their identity during the fiscal year of their request.

BASIC INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Here is a brief description of the nature of my illness or emergency:
(You will give a full statement of your situation as an attached document, as instructed on page 3.)

In order to receive funds, you must be a member of the theatre community in the Portland area. This is defined as either a) having worked on a theatre project here within the last two years; or b) performed at the PATA general auditions within the last two years.

I have (check one or more boxes):

Worked on a theatre project in the last two years:
Title of show _____ Theatre company _____

Done the PATA general auditions on (date) Month _____ Day _____ Year _____

Is this application being submitted by someone other than the applicant? If so,
Name of person submitting: _____
Relationship to applicant: _____
Reason the applicant is unable to apply personally: _____

FINANCIAL INFORMATION

Amount I am requested from the Valentine Fund: \$ _____ (usual range \$500-1500)

If your request is granted for an upcoming expense, PATA will pay the expense directly to the provider. If you are requesting reimbursement for an expense you have already paid, PATA will pay you directly, in reimbursement of the exact amount on the receipt(s) you supply us. You will need to give us permission to speak directly to the supplier to verify payment and purpose.

I am requesting (check one or both):

Payment of an upcoming expense. I expect this expense to be—

PAID TO	EXPECTED AMOUNT	FOR

Reimbursement of expense(s) I have already paid—

PAID TO	AMOUNT PAID	DATE PAID	FOR

ADDITIONAL INFORMATION

Is there anything else we should know about your financial request, such as a quick upcoming deadline to pay? If so, describe it briefly in the space below:

SUPPORTING DOCUMENTATION

It is critically important that you give us complete documentation to support your request. Please attend carefully to this section. We ask you to send us good, legible copies of your documents, and we may ask to see the originals before granting your request. If you have not supplied all required documentation, your application is incomplete and will not be considered.

I have attached the following documents to this application—

GROUP A

Check and supply least one of these:

An original, signed note from my physician on his/her letterhead.

or:

A copy of my physician's chart notes, signed by him/her describing my condition and treatment.

or:

A sworn affidavit of my need, signed and sealed by a notary (*example on page 5*)

GROUP B

Check and supply least one of these:

A copy of my hospital bill(s)

or:

A copy of my physician's bill(s)

or:

Proof of my loss (insurance claim forms, police report, etc)

GROUP C

Check and supply at least one of these:

A copy of a show program with my name listed as a participant in the production.

or:

A local theatre company's letterhead with my name listed as staff or board member.

or:

A local producer, artistic director, or administrative staff member's letter, vouching for my recent involvement in Portland-area theatre.

GROUP D

You must check and supply all three of these:

My theatrical resume, listing Portland-area shows I have been involved in, including title of show, name of theatre company, director, and dates.

and:

A contact list of three references for theatre professionals who know my work in local theatre.

and:

A one-page statement with a full description of my situation and my need.

VERIFICATION AND INSTRUCTIONS

I, _____, the undersigned, agree that the information on this application is true. I give my permission for the PATA Board of Directors and members of the Valentine Fund Committee to verify any information given above.

Name: _____ Date: _____

VERY IMPORTANT!! Incomplete applications will not be considered. If you have not given us full supporting documentation, your application is incomplete.

RETURN THIS APPLICATION BY MAIL TO:

Attn: Valentine Fund
Portland Area Theatre Alliance
1517 SW Morrison
Portland, OR 97205

*Questions? Please fully read the FAQ at www.portlandtheatre.com to see if your question has been answered there. If you still need help, email _____ or call _____.

**EXAMPLE OF A SWORN AFFIDAVIT, ATTESTED TO AND SEALED BY A
NOTARY PUBLIC**

GENERAL AFFIDAVIT

STATE OF _____
COUNTY OF _____

PERSONALLY came and appeared before me, the undersigned Notary, the within named _____, who is a resident of _____ County, State of _____, and makes this his/her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:

(Insert Statement)

SAMPLE

DATED this the ____ day of _____, 20____.

Signature of Affiant

SWORN to and subscribed before me, this the ____ day of _____, 20____.

NOTARY PUBLIC

You should write out your statement describing your situation and your need, and take it to a notary to be signed, sworn, and sealed.

If you don't know someone who is a notary, you can find notaries public at Postal Annex, Mailboxes Etc, Postal Annex, FedEx, and UPS. Call ahead to be sure there will be one on duty when you want to go. If there is a fee to have your statement notarized, it should be minimal, around \$10.