



**THEATRE BAY AREA'S MARY MASON MEMORIAL LEMONADE FUND
APPLICATION FORM**

NAME

ADDRESS

CITY

ZIP

PHONE

UNION AFFILIATION(S)

DIAGNOSIS & DATE OF DIAGNOSIS

AMOUNT REQUESTED (\$1,000 MAXIMUM)

1 – Please attach a copy of your current resume, describing the work you have done in San Francisco Bay Area theatre, film or video, with dates of affiliation. Also, copies of programs, reviews, or a letter of support on theatre company letter head will be helpful. (Note: you must have worked at least two years during the past five years).

2 – Please describe the purpose(s) for which these funds will be used (see guidelines for eligible expenses).

3 – Important: Please include, on a separate official letterhead, a confirmation by your doctor of the diagnosis (with the date of diagnosis) that you listed above.

Please allow up to 4 weeks for processing of applications.

I, the undersigned, agree that the information above is true and give my permission for the administrators of the Lemonade Fund to verify any information given above.

Applicant's Signature

Date

Please submit your application and accompanying materials to:

Lemonade Fund, Theatre Bay Area
870 Market Street, Suite 375
San Francisco, CA 94102

The Mary Mason Memorial Lemonade Fund ...

"When life hands them lemons, we help them make lemonade."

theatrebayarea.org