

The Malcolm Ewen Fund Application

The personal information and details regarding your condition requested below are strictly confidential.

Date

Name

Address

City

State

Zip

Phone Number

Email Address

Please include the following with your application. See Guidelines for examples materials that will meet the requirements:

1. Proof of work in the Chicago Theater Community.
2. A brief narrative (no longer than 200 words, double-spaced) explaining the emergency circumstances and need for support at this time. Sign this statement and certify that the application and its attachments are true.
3. Documentation of the emergency that could include the bills for which you need help, a police report, notices from a landlord or employer, or other communication which verify the applicant's circumstance.
4. A copy of each bill or expense for which assistance is requested. For rent payment, please include a copy of the lease or previous check or money order.

Please send your completed application to:

Michael Ryczek
The Malcolm Ewen Emergency Fund
8 South Michigan Suite 2700
Chicago, IL 60603

Phone (312) 622-4967 or E-mail michael@seasonofconcern.org*

**Emailed applications should indicate "Ewen Emergency Fund Application" on the subject line. The Malcolm Ewen Emergency Fund reserves the right to alter, amend, modify and change the purpose, categories of assistance, limitations on assistance, eligibility and documentation at any time.*