



Harvey Fund Application

The Harvey Fund exists to assist potential artEAST members and current artEAST members who are experiencing financial challenges to participate in artEAST membership and fee-based activities at artEAST. All applications are confidential.

There is a \$200 annual cap on financial assistance. **Please allow at least 3 weeks for the application to be reviewed.**

Your Name: _____

Are you applying for:

- Yourself
- Someone else (Name: _____; E-mail or phone number: _____)

Your email address: _____

Your phone number: _____

Preferred method of contact:

- Email
- Phone call
- Phone – text

I would like to request funding for:

- artEAST membership
- artEAST class (Name of Class: _____)
- artEAST display fees (gallery artists only)
- artEAST salon fees (Name of Salon: _____)
- artEAST jury fee

I am (or the nominee is) able to pay \$_____. I am requesting funding assistance for the remaining amount.

I am asking for funding because:

- I (or the nominee has) have a limited income that prevents me (or the nominee) from paying the full amount.
- I (or the nominee has) medical bills that prevents me (or the nominee) from paying the full amount.
- Other (Please explain in your own words why you are requesting funding): _____

Please email to director@arteast.org once you have completed the application.