



## **Dancers' Fund Application**

The personal information and details regarding your condition requested below need only be submitted one time with your initial Application and is strictly confidential. Chicago Dancers United will expedite each request in a timely manner.

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City State Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

### **Please include the following with your application:**

1. Biography/resume (Required only the first time you apply)
2. Confirmation and/or documentation of your critical health issue. For example, a note from your attending physician. (Required only the first time you apply)
3. A brief statement as to why assistance is needed. (Each application)
4. A copy of each bill or expense for which assistance is requested. For rent payment, please include a copy of the lease. (Each application)

### **Please send your completed application to:**

Chicago Dancers United  
200 W. Jackson Blvd.  
Suite 2100  
Chicago, IL 60606

Or email to [preynolds@chicagodancersunited.org](mailto:preynolds@chicagodancersunited.org)  
For additional information, please call Phil Reynolds at 312-922-5812