

THE DANCERS' FUND

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. Provide a statement and examples of how this experience is causing financial hardship. (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
For additional information, please call Phil Reynolds at 312-922-5812