



1017 SW Morrison Suite 315
Portland, OR 97205
503-241-4902
www.patagreenroom.org

**PORTLAND AREA THEATRE ALLIANCE VALENTINE FUND APPLICATION
(ALL INFORMATION IS CONFIDENTIAL)**

Applicant Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email Address: _____

What is the nature of your emergency or illness and how does this affect your ability to work in the theatrical community?: _____

Amount Requested from Valentine Fund (\$500 max.) \$ _____

Describe the theatre-related work you have done in the Portland area, including job titles, theatres with which you have been associated, and approximate dates of affiliation. Please use additional space on the back of this form if needed.

* Note: You must have worked during the past two years in the Portland theatre community. See supportive documentation on page 2, section B.

Please describe the purpose(s) for which you will use these funds:

PORTLAND AREA THEATRE ALLIANCE VALENTINE FUND APPLICATION (cont'd)
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SUPPORTING DOCUMENTATION

You will need to provide PATA with supporting documentation from sections A., B., and C.:

- A. A copy of one or more of the following:
 - 1. Physician's note/chart notes.
 - 2. Hospital bill(s)
 - 3. Physician's bill(s)
 - 4. Proof of loss (i.e.: insurance claim forms, police report).

- B. A copy of one or more of the following:
 - 1. Play Program with your name listed as a participant in the theatre production.
 - 2. Local Theatre Stationary with your name listed as staff or board member.
 - 3. Letter from local Producer/Artistic Director or Administrative Staff Member from a theatre vouching for your situation and involvement with Portland Area theatres.

- C. A copy of your theatrical resume.

I, _____, the undersigned, agree that the information on this application is true and give my permission for the PATA Board of Directors and members of the Valentine Fund Committee to verify any information given above.

Name: _____ Date: _____

IMPORTANT: Incomplete applications, including those without the requested supportive documentation, will not be considered.

*Please return completed applications to:
Attn: Valentine Fund
Portland Area Theatre Alliance
1017 SW Morrison, Suite 315
Portland, OR 97205

*Questions? See guidelines at www.patagreenroom.org or email us at valentinefund@patagreenroom.org