

## Artist Relief Fund Health Voucher Application

### Personal Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Artistic Discipline: \_\_\_\_\_

How did you find out about the Artist Relief Fund Health Voucher Program? \_\_\_\_\_

\_\_\_\_\_

*Please note, you do not need to tell us why you need access to the Lake Superior Community Health Center, or share any personal medical information with us.*

### Artist Information:

In the space below, please provide a short description of your work. We are interested in you, your work, and what motivates you to work. PLEASE attach your artist resume or biography.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check one:

- I will pick up my voucher at the Arrowhead Regional Arts Council Office  
 Please mail my voucher to the address listed above

I declare that I do not have health insurance or I am underinsured. Furthermore, I hereby state that all elements of this application are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this application with all attachments to:**

[info@artistrelieffund.org](mailto:info@artistrelieffund.org)

or mail to Arrowhead Regional Arts Council

1301 Rice Lake Road, Suite 111

Duluth, MN 55811-2702

Extra applications are available at the Artist Relief Fund website at  
[www.artistrelieffund.org](http://www.artistrelieffund.org) or by calling 218-722-0952