

**APPLICATION FOR A GRANT FROM  
THE WRITERS EMERGENCY ASSISTANCE FUND**

This application may be filed on the applicant's behalf by another person.

Applicant's name \_\_\_\_\_

Complete address: \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

**SECTION A: PROFESSIONAL CREDITS**

It would be extremely beneficial to include samples of your published, bylined nonfiction work, URLs where it can be found online, or copies of your book covers. **Please note that WEAFF does NOT fund works in progress of any kind.**

Years during which a major part of the applicant's earnings came from professional freelance writing:

\_\_\_\_\_

Periodicals that have published applicant's bylined writing, with years:

\_\_\_\_\_

Applicant's published books (title, publisher, year published):

\_\_\_\_\_

\_\_\_\_\_

Other professional writing credits:

\_\_\_\_\_

\_\_\_\_\_

Please enclose two letters of reference from publishers, editors, and colleagues. If this is impossible, please list two professional references, with names, phone numbers, and emails:

\_\_\_\_\_

\_\_\_\_\_

**SECTION B: STATEMENT OF FINANCIAL NEED** (with any documentation you wish to supply) in terms of present income from all sources, assets, living costs and any other relevant data. You must submit a detailed statement. WEAFF also requires pages 1 and 2 of your most recent 1040, pages 1 and 2 of your Schedule C, and the latest statement from your bank account(s) showing how much money is on deposit.

---

---

---

---

---

**OPTIONAL:** Reference(s) to assist in clarifying the above statement of financial need, including name, address and phone number:

---

**SECTION C: DISABLED CANDIDATES ONLY:** Please describe the physical/health condition that restricts your ability to work, and the degree to which it does so:

---

---

---

---

---

*Although it is not mandatory, we urge you to supply a physician's statement attesting to your disability and the degree to which it affects your ability to work.*

**SECTION D: EXTRAORDINARY PROFESSIONAL CRISIS.** If the application is being made because the writer is caught up in an extraordinary professional crisis, please provide a compact summary of the crisis. If necessary, additional details can be appended on a separate sheet.

---

---

---

---

---

**If this application is being filed by someone other than the applicant:**

Nominator's name: \_\_\_\_\_

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

Telephone and email address: \_\_\_\_\_

**How did you hear of the Writers Emergency Assistance Fund?:**

\_\_\_\_\_

**Have you ever received a grant from the ASJA Charitable Trust (WEAF or the Llewellyn Miller Fund) before?**

\_\_\_\_\_

\_\_\_\_\_  
**Signature of applicant or nominator**

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

**SUBMISSION INSTRUCTIONS:**

**BY E-MAIL:** Scan all documents into a single PDF and e-mail to **weafapp@asja.org**.

**OR**

**BY FAX:** Fax all documents to (212) 937-2315. **To confirm receipt**, call (212) 997-0947 on the next business day.

**OR**

**BY MAIL:** Mail all documents to

WEAF Application  
1501 Broadway, Suite 403  
New York, NY 10036.