**CONTINGENCY FUNDS APPLICATION**

**Private and confidential**

This form applies to all the hardship funds administered by the SoA except the Creative Scotland Freelance Fund. Please see our website for more information and an application form.[hyperlink]

Please ensure that all sections of the form are complete (questions 1-6).

Please return this document and your completed Equalities Monitoring Form [hyperlink] to [grants@societyofauthors.org](mailto:grants@societyofauthors.org)

1. **Personal Details**

|  |  |
| --- | --- |
| Name: | Pen name (if any): |
| Address: | Email address: |
| Postcode: | Telephone no.: |
| Date of birth: | Nationality: |
| Country of birth: | Do you live with a spouse or partner? |
| Age and circumstances of children, if any; are they dependent on you? | |
| Are any others dependent on you? If so, please give details: | |
| What is your state of health? | |

1. **Financial Details (Income)**
2. Are you entirely dependent on your income from writing-related activity? (Including journalism, readings, performance, creative writing workshops/courses)
3. Please tell us the amount you received from writing-related activity for each of the past three tax years (gross income)

|  |
| --- |
| Year/Amount: |
| Year/Amount: |
| Year/Amount: |

1. Please tell us the amount you received from other sources for each of the past three tax years and how it has been derived (gross income):

|  |
| --- |
| Year/Amount/Source: |
| Year/Amount/Source: |
| Year/Amount/Source |

1. Please tell us your spouse/partner’s income for each of the past three tax years and how it has been derived (gross income), if applicable:

|  |
| --- |
| Year/Amount/Source: |
| Year/Amount/Source: |
| Year/Amount/Source: |

1. What capital/savings do you have?

|  |
| --- |
|  |

1. **Financial Details (Expenditure)**
2. Please tell us *your share* of annual rental/mortgage payments:

|  |
| --- |
|  |

1. Please summarise *your share* of other annual expenses/financial commitments:

|  |
| --- |
|  |

1. Please give details of any outstanding debts:

|  |
| --- |
|  |

1. Have you received in the past a grant from any literary or charitable fund? Please give full details:

|  |
| --- |
|  |

1. Have you recently applied or do you intend to apply to any other literary, charitable or relief fund? Please give full details:

|  |
| --- |
|  |

1. **Literary Career**
2. What is your primary area of authorship? (e.g. fiction/non-fiction/journalism/scriptwriting)
3. Please give the name of your agent (if applicable):
4. Please give details of some of your publications/broadcasts/scripts/plays, or append a CV to this application form:

|  |  |
| --- | --- |
| **Title** | **Publisher/Theatre/Broadcaster & Year** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. Please give details of any literary work on which you are engaged:

|  |
| --- |
|  |

1. **Covering statement:** Please briefly set out the circumstances that have prompted your application. This can be as long or as short as you feel is necessary to give the assessors a sense of your current situation and needs.

|  |
| --- |
|  |

1. **Monitoring and Declaration**
2. How did you hear about the SoA’s contingency funds?

|  |
| --- |
|  |

1. Please provide the name and contact details for a referee:

|  |
| --- |
| Name: |
| Address/telephone: |

1. By signing you declare all the information provided above to be true and accurate.

|  |  |
| --- | --- |
| Signed: | Date: |

Thank you. Please return this document and your completed Equalities Monitoring Form to [grants@societyofauthors.org](mailto:grants@societyofauthors.org)