



Conrad Cantzen Memorial Shoe Fund Application

To Apply:

1. Attach **ORIGINAL printed store receipt.**

- Shoes must cost no more than \$100.00 before tax.
- Written receipts will not be accepted without store name printed on it.
- Catalog orders must be accompanied by a credit card statement.
(Showing the charge and breakdown of your purchase).
- Shoes must be purchased within 12 months of applying.

2. Complete the Shoe Fund application and sign it.

3. Attach a copy of your current union card.

4. Mail, bring or email all the above to:

Entertainment Community Fund
729 7th Avenue | 10th Floor
New York, NY 10019
Attn: Shoe Fund
shoefund@entertainmentcommunity.org

Important Reimbursement Information:

- **Electronic reimbursement will be made through Chase QuickPay.[®]**
- **You will receive an email that you must accept within 30 days or the payment will be cancelled. Follow instructions to provide your bank routing and bank account number.**
- **Payment will be transferred to your bank account within one business day.**
- **Reimbursements are up to \$40.00 for one pair of shoes in a 24 month period.**

The Conrad Cantzen Memorial Shoe Fund is a special fund administered by the Entertainment Community Fund. In 1945, actor Conrad Cantzen bequeathed his estate to the Entertainment Community Fund with the stipulation that it should be used to help actors purchase shoes so they did not appear “down at the heels” when auditioning. Mr. Cantzen believed that a good pair of shoes made a great first impression on casting directors. Mr. Cantzen felt that performers were more confident when auditioning in new shoes.



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To Be Eligible, You:

- Must be a paid up entertainment union member.
- Must currently be unemployed in the entertainment industry.
- Have not applied within the last 24 months.

Reimbursement Information:

- Checks are no longer issued.
- Electronic reimbursement will be issued through Chase QuickPay®.
- You will receive an email from Chase—the Entertainment Community Fund.
- You must respond within 30 days or the payment will be cancelled.

Legal First Name: _____ Legal Last Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Phone Number: _____

Occupation: _____ Unions: _____

Date: _____ Stage Name: _____

Email (required for payment) _____

I understand and meet all of the above criteria.

Signature: _____