



# Summer Programming

## FINANCIAL ASSISTANCE REQUEST

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### FINANCIAL ASSISTANCE REQUEST INFORMATION

#### Financial Assistance Requirements:

- Complete and return the attached application.
- Provide appropriate documentation of your sources of income or any public assistance that you receive with the completed form.
- Please notify Shakespeare & Company immediately if you should experience a change in your income status. We can then make an appropriate adjustment to your financial assistance.

Applying for financial assistance does not automatically guarantee that we will be able to provide assistance. Assistance will be based on documented financial need and availability of designated resources for this purpose.

Financial aid is a time sensitive process. In order to have a space held for your child, the financial aid form and all appropriate documentation must be returned as soon as possible, no later than 30 days prior to the start of the program. We will reserve a space for your child until the financial aid determination is rendered. After receiving your completed application form and proper documentation, your request will be reviewed. A determination on your request will be made as soon as possible and you will be notified in writing.

If you need to speak to someone regarding your application, please call Meg Marchione at (413) 637-1199 ext. 172.

**PLEASE NOTE:** *Shakespeare & Company's ability to provide financial assistance is made possible solely through generous contributions from local organizations and friends of the Company.*



# FINANCIAL ASSISTANCE FORM

FOR SHAKESPEARE & COMPANY EDUCATION PROGRAMS

Application Date: \_\_\_\_\_

I. Please check the program you are requesting assistance for:

- Riotous Youth / Session \_\_\_\_\_  Riotous Young Company  Summer Conservatory  Spring Young Company

II. Name of Dependent Child that would benefit from this assistance: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

Employer's Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address \_\_\_\_\_  
(if different): \_\_\_\_\_

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

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

Employer's Phone: \_\_\_\_\_

Dependent Children Living in Household:

Name	DOB
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Other Persons Living in Household:

Name	Age	Relation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____



# FINANCIAL ASSISTANCE FORM FOR SHAKESPEARE & COMPANY EDUCATION PROGRAMS

III. If you are on Public assistance please check the appropriate item and submit a copy of your card or other verification:

AFDC    EAEDC    Veteran's Benefits    Food Stamps    Other

**If any of the above categories apply, to section IV.**

IV. Monthly Household Income (designate type of income and amount received each month)

**TYPE**

Wages	\$	_____
SSI	\$	_____
AFDC	\$	_____
Unemployment	\$	_____
Disability	\$	_____
Child Support Income	\$	_____
Total Monthly Income	\$	_____

Please attach documentation from any source of income you are receiving (as marked above). All household members who are working are asked to submit a copy of check stubs from the last three weeks.

V. Have you received financial assistance in the past from Shakespeare & Company?    Yes    No

If yes. For what program and when and how much?   \$ \_\_\_\_\_

VI. **The statements and responses I have given are true and correct.**

Applicant's Signature: \_\_\_\_\_

**Please return this form and necessary verification to:**

Meg Marchione, Education Programs Administrator,  
Shakespeare & Company, 70 Kemble St, Lenox, MA 01240