

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 experience a change in your income status. We can 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 needs 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 two weeks 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 Education Programs Manager 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 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:		Other Persons Living in Household:		
Name	DOB	Name	Age	Relation
1. _____	_____	1. _____	_____	_____
2. _____	_____	2. _____	_____	_____
3. _____	_____	3. _____	_____	_____
4. _____	_____	4. _____	_____	_____
5. _____	_____	5. _____	_____	_____



FINANCIAL ASSISTANCE FORM

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III. If you use 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, please continue 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 copies 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, 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