



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 by the date stated at the top of your financial aid form. After that date we will no longer be able to reserve a space for your child. If the form and verification are received on time, 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 Jenna Ware at 413-637-1199 ext. 172.

◆Please note that Shakespeare & Company's ability to provide financial assistance is made possible solely through generous contributions from local organizations and friends of the Company.

Shakespeare & Company
Financial Assistance Form for Youth Programs

Application Date _____

I
Name of Dependent Child that would benefit from this assistance: _____

Applicant's Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip _____

Email _____ Alternate Email _____

Applicant's Employer _____ Supervisor _____

Employer's Address _____ Employer's Phone _____

Spouse's Name _____ Home Phone _____

Address (if different) _____

Employer _____ Supervisor _____

Employer's Address _____ Employer's Phone _____

Dependent Children Living in Household:

Other Persons Living in Household:

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

The program for which you are requesting assistance (Riotous Youth, session A/ Young Company, spring session/ etc.): _____

II
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, skip to section IV.

III
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.

IV
Have you received financial assistance in the past from Shakespeare & Company? Yes _____ No _____

If yes. For what program and when and how much? _____

V
The statements and responses I have given are true and correct.

Applicant's signature: _____

Please return this form and necessary verification to:
Jenna Ware, Youth Programs Director, Shakespeare & Company, 70 Kemble St, Lenox, MA 01240