SHAKESPEARE & COMPANY
Education

Education Programming
FINANCIAL ASSISTANCE REQUEST

Financial Assistance Requirements:

- Complete and return the attached application at the time of your program registration.
- Provide appropriate documentation of your proof of income and any public assistance that you receive with this completed form (i.e. a copy of the first page of your most recent tax return; an image copy of your EBT/WIC/ConnectorCare card)
- Please notify Shakespeare & Company immediately if you experience a change in your income status so 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 submitted at the time of your program registration. 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 Administrator 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.*

SHAKESPEARE & 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 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: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Employer's Phone: _____

Spouse's Name: _____ Home Phone: _____

Address (if different): _____

_____

City: _____ State: _____ Zip: _____

Employer: _____

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.		

As of 10 / 17 / 2025

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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 ❒ EBT ❒ WIC ❒ ConnectorCare ❒ 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) for all household members who are fiscally responsible for your child (ie: copy of first page of your most recent tax return, image copy of EBT/WIC/ConnectorCare card, etc.)

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