The Berkshire Museum’s 2023 Camperships are made available through the support of the Massachusetts Cultural Council.

Financial Assistance Requirements:

- Complete and return the attached application (two sided) and required documents to: Berkshire Museum, Attn: Betty Connally, 39 South Street, Pittsfield, MA 01201 or email to Betty Connally at bconnally@berkshiemuseum.org

- Notify the Museum immediately if you should experience a change in your income status. The Berkshire Museum will make an appropriate adjustment in your financial assistance.

The Berkshire Museum makes every effort to address the needs of families and/or individuals applying for assistance.

Applying for financial assistance does not automatically guarantee that assistance will be granted, as the assistance will be based on the documented financial need and availability of resources of the Museum. The Museum reserves the right to deny or discontinue financial assistance at any time.

After completing your application form and attaching proper documentation, your request will be reviewed and, if necessary, you will be contacted by telephone with any questions we may have. A determination on your request will be made as soon as possible. You will be notified by phone as to the assistance granted.

If you need to contact someone regarding your application, please write to Betty Connally at bconnally@berkshiemuseum.org.
Campership Application Form
ALL APPLICATIONS ARE CONFIDENTIAL

Application Date: __________________________

Applicant (parent/guardian): ___________________________________________________________

Home or Cell Phone (   ) Email address: _________________________________________________

Address: __________________________________________________________________________

City: ___________________________________ State: _______ Zip: _______

Applicant’s Employer: ___________________ Supervisor: ________________________________

Employer’s Address: _______________________ Employer’s Phone (   )

Spouse’s Name: ___________________________ Home Phone (   )

Address (if different): __________________________________________________________________

Spouse’s Employer: _______________________ Supervisor: ________________________________

Employer’s Address: _______________________ Employer’s Phone (   )

Dependent Children Living in Household:
Name                  Age  DOB
1.                     
2.                     
3.                     
4.                     
5.                     

Other Persons Living in Household:
Name                  Age  DOB
1.                     
2.                     
3.                     
4.                     

Name(s) of Dependent Child(ren) that will benefit from this assistance:
____________________________________________________________________________________

Camp(s) to be covered by this assistance:
____________________________________________________________________________________

How will this assistance benefit your family?
____________________________________________________________________________________
Monthly Household Income (designate type of income and amount received each month)

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 previous three weeks.

Have you received financial assistance in the past from The Berkshire Museum?
Yes ____ No____

If yes:
When: __________________________

What Type of Berkshire Museum assistance did you receive? (list program)
______________________________________________________________________________________

What was the total dollar value of the assistance you received in the past?
$_________________

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

Applicant’s signature: ______________________________ ______________________________

Please return this completed form and all necessary verification to:
Berkshire Museum, Attn: Betty Connally, 39 South Street, Pittsfield, MA 01201