



### **Campership Assistance Request Form 2023**

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@berkshitemuseum.org](mailto:bconnally@berkshitemuseum.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@berkshitemuseum.org](mailto:bconnally@berkshitemuseum.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**