Campership Assistance Request Form 2024
Berkshire Museum’s 2024 Camperships are made available thanks to the generous support provided by an anonymous donor.

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@berkshiremuseum.org.

To apply for financial assistance:

- Please complete and return the attached application (two-sided) and required documents to:
  Berkshire Museum, Attn: Betty Connally, 39 South Street, Pittsfield, MA 01201

- If you have questions about your application, please email Betty Connally at bconnally@berkshiremuseum.org

- Please notify the museum immediately if you should experience a change in your income status. Berkshire Museum will make an appropriate adjustment to your financial assistance.
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Grade Entering Fall 2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<tr>
<td>5.</td>
<td></td>
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</tbody>
</table>

Other Persons Living in Household:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>4.</td>
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</tbody>
</table>

Name(s) of Dependent Child(ren) that will benefit from this assistance:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Camp(s) to be covered by this assistance (Choose up to two for each camper):

### PRE-K & Kindergarten
- [ ] Dino Discovery (July 1-3, 5; 9am-12pm)

### GRADES 1-2
- [ ] Pond Camp (July 8-12, 9am-12pm)
- [ ] Over The Rainbow (July 22-26, 9am-12pm)
- [ ] Junior Archaeologist (July 29-August 2, 9am-12pm)
- [ ] Animal Adventures (July 8-12, 1pm-4pm)
- [ ] Junior Engineering (July 22-26, 1pm-4pm)
- [ ] Junior Paleontologist (July 29-August 2, 1pm-4pm)

### GRADES 3-6
- [ ] Show Biz Camp (July 15-19, 9am-4pm)
- [ ] CSI Monster Hunt (August 5-9, 9am-12pm)
- [ ] Time Traveling Artists (August 5-9, 1pm-4pm)
- [ ] Game Board (August 19-23, 9am-12pm)
- [ ] Animation (August 19-23, 1pm-4pm)

### GRADES 3-6
- [ ] Junior Curator (August 12-16, 9am-12pm)
- [ ] Manga Camp (August 12-16, 1pm-4pm)
Monthly Household Income (designate type of income and amount received each month)

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>$_____________</td>
</tr>
<tr>
<td>SSI</td>
<td>$_____________</td>
</tr>
<tr>
<td>AFDC</td>
<td>$_____________</td>
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<tr>
<td>Unemployment</td>
<td>$_____________</td>
</tr>
<tr>
<td>Disability</td>
<td>$_____________</td>
</tr>
<tr>
<td>Child Support Income</td>
<td>$_____________</td>
</tr>
<tr>
<td>Total Monthly Income</td>
<td>$_____________</td>
</tr>
</tbody>
</table>

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 assistance did you receive from the museum? (list program)

____________________________________________________________________________________

What was the total dollar value of the assistance you received in the past from the museum? $_____________

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

Applicant’s signature:  ________________________________________________  Date:  ________________________

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