



# BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

## Program Financial Aid Form

Berkshire South Regional Community Center offers a financial aid program for those Members that cannot afford program fees. The application process is simple and confidential.

**FOR ASSISTANCE IN FILLING OUT THIS FORM, PLEASE CONTACT THE COMMUNITY CENTER AT 413-528-0397.**

Financial Aid Policies:

- **You must be a member of the Community Center to apply for Program Aid.**
- Once your application is received (including all pertinent financial documentation), you will receive a response within two (2) weeks.
- Applications can only be considered if the application is completed in full and income is documented. Financial aid will be awarded on the basis of not only the documented eligibility of the applicant, but the overall needs of the individual, couple or family, and the availability of funds.
- **It is important to note that any time that your membership lapses, even for one day, or is not paid in full; the financial aid agreement is void.**
- You will need to reapply for aid in six months. To avoid a lapse in your Membership, please reapply fifteen days before your Membership expires.
- It is the applicant's responsibility to reapply.

PROGRAM NAME \_\_\_\_\_ SESSION \_\_\_\_\_ DATES \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

GROSS ANNUAL HOUSEHOLD INCOME (YOU MUST ATTACH A COPY OF YOUR MOST RECENT TAX RETURN, OR OTHER DOCUMENTATION VERIFYING INCOME) \$ \_\_\_\_\_

EMPLOYER/OCCUPATION \_\_\_\_\_

NUMBER OF PEOPLE IN HOUSEHOLD \_\_\_\_\_

PLEASE GIVE NAMES AND DATES OF BIRTH

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*PLEASE COMPLETE BOTH SIDES AND SIGN*

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:**

Please list any other type of additional income you receive that does not have to be reported (child support, worker's compensation, untaxed Social Security income, Disability payments, etc.) You will need to show copies of check stubs for verification.

<b>TYPE</b>	<b>AMOUNT</b>	<b>VERIFICATION</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there another income source in your household? Please list details and provide documentation.

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from this Program?

\_\_\_\_\_  
\_\_\_\_\_

How do you see this Program helping you and/or your family?

\_\_\_\_\_  
\_\_\_\_\_

As a nonprofit organization, Berkshire South Regional Community Center needs volunteers from time to time. Are you available to volunteer at the Center? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If yes, how many hours can you volunteer per **WEEK** \_\_\_\_\_ **MONTH** \_\_\_\_\_ **YEAR** \_\_\_\_\_

If yes, circle your areas of interest.

**YOUTH DANCES**      **SPECIAL EVENTS**      **CHILD/YOUTH PROGRAM ASSISTANCE**      **TRAIL WORK**  
**LANDSCAPING**      **ADMINISTRATIVE**      **MAINTENANCE**      **OTHER** \_\_\_\_\_

Please use the space below to let us know about any special circumstances or expenses that would help us understand your/your family's needs. (Attach additional pages if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information given by me on this application is, to the best of my knowledge, true and correct. I will notify BSRCC of any changes in my financial status.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_