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

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

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.

<table>
<thead>
<tr>
<th>TYPE</th>
<th>AMOUNT</th>
<th>VERIFICATION</th>
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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.

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<tr>
<th>YOUTH DANCES</th>
<th>SPECIAL EVENTS</th>
<th>CHILD/YOUTH PROGRAM ASSISTANCE</th>
<th>TRAIL WORK</th>
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<tbody>
<tr>
<td>LANDSCAPING</td>
<td>ADMINISTRATIVE</td>
<td>MAINTENANCE</td>
<td>OTHER</td>
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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 __________________________

*** NO FORMS WILL BE PROCESSED WITHOUT ACCOMPANYING FINANCIAL/TAX DOCUMENTS***