



Angel Program

Application for Financial Assistance

For Office Use Only

Date Rec'd: _____

File No: _____

Application Date: _____

NOTE: All information will be kept strictly confidential.

All applications MUST be received no later than September 24th for 2018-2019 assistance

Berkshire Dance Theatre is dedicated to providing the highest quality dance and performing arts education. The joy, confidence and mutual respect our students gain enhance their communities and continue to guide them throughout their lives.

Our vision is to foster a strength-based learning environment for students in dance and the performing arts to accomplish the following goals:

- *Expand appreciation for dance and the performing arts.*
- *Showcase our students' achievements, talents and passion for the arts thereby deepening public support and engagement.*
- *Broaden opportunities for community members to actively participate in the arts.*
- *Provide a strong foundation which enables students to advance their studies.*
- *Develop the financial and community resources necessary to grow and sustain Berkshire Dance Theatre's mission and vision.*

The Angel Program has been established to assist families whose children want to take advantage of these opportunities, facilities and materials, but do not have the resources to do so. The Angel Program awards aid based solely on financial need as determined by the questions in this application.

STUDENT INFORMATION

Name of Student: _____

Date of Birth: _____ Age: ____ Male ____ Female ____ Telephone: _____

Address: _____

Number of years the student has danced at Berkshire Dance Theatre: _____

Number of classes the student took at Berkshire Dance Theatre last year: _____

Number of classes the student is currently taking at Berkshire Dance Theatre: _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian of Applicant: _____

Social Security Number: _____ Phone #: _____ Cell #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address, if different from mailing address:

Physical Address: _____

City: _____ State: _____ Zip: _____

Employer (if applicable): _____

How much can you afford to pay for dance classes per month? _____

Berkshire Dance Theatre is a 501(c)(3) nonprofit organization that relies upon volunteers to contain costs. If assistance is granted, we require recipients to volunteer service to the organization. There are numerous different opportunities to volunteer throughout the year. Please list any specific skills you may have that may be useful for BDT:



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SOURCES OF INCOME

The following financial information is used to determine applicant's need for help supporting the student's participation in BDT activities. It will be shown only to the Berkshire Dance Theatre Board of Directors and Executive Director and will not be divulged to anyone else. Additional information may be requested at the discretion of Board of Directors or Co-Directors.

How many people are currently living in your household? _____

List current sources of **monthly** income for yourself and for other members of your household and please attach a copy of the household paystubs:

| NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME) | GROSS INCOME FROM WORK BEFORE DEDUCTIONS | WELFARE, CHILD SUPPORT, ALIMONY | PENSIONS, RETIREMENT, SOCIAL SECURITY, SSI, VA BENEFITS | ALL OTHER INCOME |
|--|--|---------------------------------|---|------------------|
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |

Do you have liquid assets, in bank accounts, investment accounts or otherwise available to you now the total value of which exceeds \$1,000? Yes _____ No _____

Do you or does the student, any member of your household or any parent of the student receive any of the following forms of public assistance. If so, please provide a copy of the appropriate documentation for such assistance. When providing documentation, **PLEASE** only list the last **four digits of your social security number**.

- 1. Fuel assistance Yes _____ No _____
- 2. Social Security Disability Benefits Yes _____ No _____
- 3. Reduced or free school lunch assistance Yes _____ No _____
- 4. Welfare Assistance (of any kind) Yes _____ No _____

RESIDENCE

Do you OWN _____ or RENT _____ the home in which you and the student are living?

If owned, what did you pay for or what is the present value of your home (whichever is higher)? \$ _____

What is the current mortgage on your home? \$ _____

I promise that all information on this application is true and that all income is reported. Failure to accurately report all information may lead to my child being disqualified from receiving aid. This application must be completed in full in order to be considered.

Print Name: _____

Sign Name: _____ Date: _____



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Date of application review: _____

The student has been awarded aid through the Angel Program for the following amount and terms:

Volunteering has been requested with the following terms:

The student has not been awarded aid for the following reasons:

Signatures of review committee:

| | |
|-------|-------------|
| _____ | Date: _____ |
| _____ | Date: _____ |
| _____ | Date: _____ |
| _____ | Date: _____ |
| _____ | Date: _____ |
| _____ | Date: _____ |
| _____ | Date: _____ |
| _____ | Date: _____ |
| _____ | Date: _____ |
| _____ | Date: _____ |

Signature of Co-Directors

| | |
|-------|-------------|
| _____ | Date: _____ |
| _____ | Date: _____ |