

2024 BTG Scholarship Award Application for BTG PLAYS! Summertime Classes

Guidelines: Please have student(s) that are interested in attending the camp write a letter on why they wish to attend our program. This should be included with this information form. If you are a teacher nominating a student to receive an award, please write a letter on the student's behalf on why they should attend our program. Please submit the completed application form, camp registration form, and letter together. Applications will be considered incomplete, unless all items are included. Questions? Contact: Allison Rachele Bayles at 413-448-8084 ext. 19 or allison@berkshiretheatre.org. Transportation is the responsibility of the family and cannot be supported by this award.

Deadline: Applications must be submitted with camp registration form **prior to the start of camps** for consideration and are considered on a rolling basis.

	Student Infor	mation (please p	rint)	
Name of Student:			_ Pronouns:	*(optional)
Student Age:	Student curr	ent grade at school	l	
School presently attending:				
*If you are a teacher requesting s	upport for a student plea	se include (please j	orint)	
Teacher Name:				
Contact phone:		Contact email:		
	Parent /Guardian	Information (plea	ase print)	
Parent/Guardian/Caretaker Name	e(s):			
Mailing Address:				
Email Address:				
Phone:	Alter	nate phone:		
How many people live in your ho	usehold? # of adults	# of children		
Your household income is: (please	e check appropriate)			
below \$25k	\$25k-\$35K	\$35k-\$50k	\$50k-\$75k _	above \$75k
By signing this document I affirm	that the information pres	sented is true and c	omplete to the best of m	ny knowledge.
Parent /Guardian/Teacher Signati	ure:		Date:	