



Financial Assistance Program

Dear Applicant:

We are glad that you have expressed an interest in the Newtown Athletic Club's Financial Assistance Program.

In response to your request, we are enclosing a NAC Financial Assistance Application. Please read the application carefully, complete the appropriate forms and attach the required documentation.

You may return your information by mail, or bring it to the NAC in person. The NAC Financial Assistance Committee will review your application and reply within 30 days.

It is our goal to include all members of the community in the family programs at the NAC by extending this program to those who qualify. If you have any questions, please do not hesitate to call me at (215) 968-0600 extension 115, or the Director of Charitable Giving, Linda Mitchell at extension 114.

Sincerely,

Jim Worthington
President/Owner

Enclosures

Newtown Athletic Club

Financial Assistance Program

120 Pheasant Run, Newtown, PA 18940
Phone 215.968.0600 Fax 215.968.0326

Newtown Athletic Club Mission Statement

Our mission is to promote family, wellness and commitment by providing fitness, recreation and social opportunities in an optimal, educational and friendly environment available to the entire community while offering charitable support to those in true need.

The NAC ownership feels strongly that the NAC is for everyone. No one should be turned away because of true inability to pay, subject to availability of funds.

The NAC ownership believes that a strong sense of ownership and pride is maintained if the financial assistance recipient contributes to the cost of their NAC involvement. Also, in an effort to assist as many individuals and families as possible, a majority of participants will be asked to pay an affordable part of the membership fees, based on a sliding scale and the specific needs or extenuating circumstances of the individual or family. All application records will be held in strict confidence.

Guidelines

- The financial assistance guidelines will be considered when determining the amount of financial assistance provided.
- The financial assistance application form will be completed by the member and will include copies of prior year 1040 and W-2; current pay stubs, copies of principle expenses.
- Financial assistance requests will be reviewed semi-monthly by the NAC Financial Assistance Review Committee consisting of: the NAC Ownership, the NAC General Manager, the NAC General Counsel and the Director of Charitable Giving.
- The ownership of the NAC has created a finite pool of monies to fund the financial assistance program. Additional funds can only be made available through the explicit approval of NAC ownership.

Eligibility for financial assistance

- Assistance is granted on the basis of financial need.
- An applicant must be a property owner or renter in the market area, with direct financial responsibility for their property.
- Financial assistance should be granted for a pre-determined time period and applicant should be required to re-apply prior to the new cycle.

- Individuals will be responsible to provide a method of payment acceptable to the NAC under the standard membership guidelines. The NAC reserves the right to suspend all services for lack of payment.
- The NAC reserves the right to terminate or to refuse assistance to applicants as it deems necessary.

How to apply

- Applicants complete the required forms. Applications are processed on first come, first served, space available basis.
- The forms are submitted to the NAC Financial Assistance Review Committee for consideration. The committee meets semi-monthly.
- Applicant is notified within 30 days of the decision of the committee.

General Guidelines

- Financial Assistance is a temporary agreement that applies for a specific period of time.
- Applications are submitted and confidentially reviewed.
- All financial assistance grants will be documented for NAC reporting purposes.

Application Process

Complete all information requested on the Financial Assistance Application. Please be clear and precise when completing the application. If any information is missing or unclear you will be contacted for clarification.

Please include all requested documentation including:

- Your 3 most recent paycheck stubs including year-to-date earnings.
- A copy of your Federal Tax return for the most recent tax year.
- Documentation showing all types of income and expenses indicated on your application.
- Copy of deed or lease and one utility bill
- Attach a letter that describes the circumstances and need for Financial Assistance.

If any information is missing or incomplete your application will not be able to be processed until clarification is received. Please allow 4 weeks for processing. A confirmation letter detailing your specific assistance will be mailed to you. The confirmation letter must be brought to the NAC when you register for your membership.

Household Income Information:

List all income or financial assistance received by you or any person living with you.

Monthly Income Amounts:

Public Assistance \$	Social Security \$	Apple \$
Dept. of Social Services \$	Dept. of Public Welfare \$	Food Stamps \$
Alimony \$	Child Support \$	United Way \$

Please list any other sources of monthly income not indicated above:

Source _____ \$	Source _____ \$	Source _____ \$
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Household Expense Information:

List all expenses. Please provide a copy of a bill for each item.

Rent/Mortgage \$	Utilities \$	Car Payment \$
Medical Insurance \$	Auto Insurance \$	Education/Tuition \$
Real Estate Taxes \$	Child Support \$	Alimony \$

Please list any other extraordinary expense not listed above.

Expense Source \$	Expense Source \$	Expense Source \$
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Documentation: Attach the following documents to this page. If any documents are missing you will be contacted.

1. Your 3 most recent paycheck stubs including year-to-date earnings.
2. A copy of your Federal Tax return for the most recent tax year.
3. Documentation for all types of income & expenses indicated above.
4. Copy of a deed or lease and one utility bill.
5. Attach a letter that describes the circumstances and need for Financial Assistance.

Statement: To the best of my knowledge, all information provided in this application is true and complete. I will immediately notify the NAC of any changes that might affect my financial status. I accept the responsibility to keep my method of payment current. I will contact the NAC if my method of payment changes. I realize that failure to make payments or to contact the NAC regarding payments may result in the loss of any assistance granted.

Applicant Signature _____ Date _____