**Summer Camp Financial Assistance Application**

Dear Applicant:

We appreciate your interest in our organization. It is our goal to expand the accessibility of our summer camp, through our Financial Assistance Program, to support more families who otherwise might not be able to participate in our program. With respect to variance in each child’s living situation, we will use the term “family” to represent the child/children in consideration and the accompanying adult. Camp NAC’s Financial Assistance Program is made possible through donations and fundraisers within the community and is subject to availability of funds.

Please carefully read and review the entirety of the application, complete all corresponding forms and attach the required documentation before submission. Once your application is complete to the best of your ability you may return your application for review. Incomplete applications will not be reviewed. All information will remain confidential. All application submissions will be reviewed and replied to within a 30-day period.

If you have any outstanding questions or concerns, you may reach me at any time via phone (215)940-8860 or email brie@campnac.com.

Thank you,

Brianne Feinour

Camp NAC Director

**About Us**

Camp NAC is a department run by the Newtown Athletic Club. Our organization is dedicated to bettering the lives of our community’s youth by providing a camp experience like no other. We offer a variety of programs that promotes individualism and allows children to express their uniqueness.

We hold it of the utmost importance to maintain a safe environment for our campers to flourish. Research studies show that summer camp combats the effects of summer learning loss and can provide children with adequate amounts of recreational physical activity to help achieve health benefits.

We are excited to announce the Summer Camp Financial Assistance Program as a new addition to Camp NAC (est. December 2019). The goal of this program is to provide the opportunity of summer camp to children from homes with the true inability to afford summer camp, based on the availability of funds.

**General Guidelines**

Section I. All submitted information will be confidential.

Section II. All applications are processed on a first come, first served basis.

Section III. If accepted, participants will be granted assistance for a predetermined period of time. All granted funds will be documented for organization reporting purposes.

Section IV. To assist as many individuals and families as possible, participants may be asked to pay an affordable part of the enrollment fees, based on a sliding scale and the specific needs or extenuating circumstances of the individual or family.

1. It is the responsibility of the participant to provide an acceptable form of payment prior to the start of the camp season on June 1st.

Section V. Requests will be reviewed by a committee consisting of members of the NAC Management Team.

1. Assistance will be granted based on both situational and financial needs.

Section VI. Camp NAC reserves the right to terminate and/ or refuse assistance as deemed necessary.

**Eligibility**

In order to qualify for the Summer Camp Financial Assistance Program a candidate (or their child) must fall under one or more of the following categories and is able to provide documentation as necessary:

1. Candidate seeks assistance based on financial needs
2. Candidate is involved in an unfavorable life circumstance
	1. This includes but is not limited to the following situations:
		1. Health issues and/ or illness
		2. Injury/ accidents
		3. Unexpected change in custody
3. Candidate is fostering a child
4. Candidate is currently or has served in the military

**Application Process**

* After reviewing the application, complete all required forms and provide the appropriate documentation.
* Turn in the completed application for official review by the review committee.
	+ Application can be submitted either online, in person or by mail
		- By mail addressed to:

*Camp NAC Have a Heart Foundation*

*120 Pheasant Run*

*Newtown, PA 18940*

*Attn: Financial Assistance*

* The review period is 30 days- applicants will be notified of the decision made by the committee within this time frame.

**Summer Camp Financial Assistance Program**

Official Application

Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

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| --- |
| **Section I. Parent/ Guardian Information** |
| First Name (*Given Name*) | Last Name (*Family Name*) | Middle Initial | Other Last Names Used (*if any*) |
| Address (*Street Number and Name*)  | Apt. Number | City or Town | State | ZIP Code |
| Date of Birth (*mm/dd/yyyy*) | U.S. Social Security Number | Email Address | Cell Phone | Home Phone |
| Driver’s License Number | Gender | Relationship to Child(ren) |
| Relationship Status | Spouse Name | Please List Any Prior or Active Military Service |

|  |
| --- |
| **Section II. Parent/ Guardian Employment Information** |
| Employer Company Name | Current Position | Initial Start Date (*mm/dd/yyyy*) |
| Address (*Street Number and Name*)  | City or Town | State | ZIP Code | Phone |
| Highest Level of Education Achieved | Most Recent School Attended | Are You Currently a Student (Y/N) |

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| --- |
| **Section II. Parent/ Guardian Employment Information (If More Than One Employer)** |
| Employer Company Name | Current Position | Initial Start Date (*mm/dd/yyyy*) |
| Address (*Street Number and Name*)  | City or Town | State | ZIP Code | Phone |
| Highest Level of Education Achieved | Most Recent School Attended | Are You Currently a Student (Y/N) |

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| **Section III. Camper Information (Child 1)** |
| First Name (*Given Name*) | Last Name (*Family Name*) | Middle Initial | Other Last Names Used (*if any*) |
| Address (*Street Number and Name*)  | Apt. Number | City or Town | State | ZIP Code |
| Date of Birth (*mm/dd/yyyy*) | Gender | Grade Level | Current School |

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| **Section III. Camper Information (Child 2)** |
| First Name (*Given Name*) | Last Name (*Family Name*) | Middle Initial | Other Last Names Used (*if any*) |
| Address (*Street Number and Name*)  | Apt. Number | City or Town | State | ZIP Code |
| Date of Birth (*mm/dd/yyyy*) | Gender | Grade Level | Current School |

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| **Section III. Camper Information (Child 3)** |
| First Name (*Given Name*) | Last Name (*Family Name*) | Middle Initial | Other Last Names Used (*if any*) |
| Address (*Street Number and Name*)  | Apt. Number | City or Town | State | ZIP Code |
| Date of Birth (*mm/dd/yyyy*) | Gender | Grade Level | Current School |

**Household Income Information**

List all income or financial assistance received by you or any person living with you. Write N/A if a source does not apply to you.

Monthly Income Amounts:

|  |  |  |
| --- | --- | --- |
| Employment$ | Social Security$ | Child Support$ |
| Alimony$ | Dept. of Public Welfare$ | Dept. of Social Services$ |
| Public Assistance$ | Food Stamps$ | Unemployment$ |

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

|  |  |  |
| --- | --- | --- |
| Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$ | Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$ | Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$ |

**Household Expense Information**

List all expenses as necessary.

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

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

|  |  |  |
| --- | --- | --- |
| Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$ | Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$ | Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$ |

**Documentation:** Attach the following documents to this page:

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 and expenses indicated above.
4. A copy of at least one utility bill.
5. Attach a letter that describes your circumstances/ need for Summer Camp Financial Assistance.

\*\* Documentation is required to ensure that Financial Assistance is used to support families that are truly in need\*\*

**Statement:** The information provided in this application is true and complete to the best of my knowledge. I will immediately notify the Camp Director of any changes that might affect my financial status. If applicable, I accept the responsibility to pay an affordable part of the enrollment fees that is circumstantially based and decided by the Camp Director.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_