

Financial Aid Model

PERCENT RELATED TO NTL. POVERTY LEVEL	PRICE CUSTOMER WILL PAY	COUPON CODE TO PROVIDE CUSTOMER
0% to 150%	\$ 29.00	149C29
151% to 220%	\$ 59.00	149C59
221% to 270%	\$ 89.00	149C89
271% to 335%	\$ 119.00	149C119

ENTER INFORMATION IN RED BOXES FOR TOTAL NUMBER IN FAMILY AND ANNUAL HOUSEHOLD INCOME

Family Size	4	Annual Income	\$ 87,000.00
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328%

Find corresponding percentage level for final test cost

Athletic Testing Solutions works with non-profit agencies in serving the needs of our community with the goal to help provide affordable preventative screenings. In order to extend participation to all families, these agencies provide assistance to those in financial need.

Athletic Testing Solutions is also committed to serving people regardless of their ability to pay. However, resources are limited due to the fact all funds are raised through our community. We provide grants to offset the cost of screening services based on the documented financial ability within our guidelines.

You must complete all information and provide verification of all sources of income in order for your application to be processed. Please answer all information as accurately and honestly as possible.

Incomplete applications will not be processed. Be sure to mark NA (not applicable) to any and all boxes that do not apply to you and your family. Please allow up to 5 business days to process your application.

- 1- Assistance is granted on the basis of financial need. We consider household income and number of legal dependents as primary criteria. Financial assistance is based on a sliding scale.
- 2- Financial Assistance is granted for one test date. Upon expiration, the recipient must reapply with current information for subsequent test dates.
- 3- I understand that assistance is granted on the basis of financial need. We consider total household income and number of legal dependents are primary criteria. Financial assistance is based on a sliding scale.
- 4- I understand that I will be contacted via phone or email upon approval of my application. I understand that I have 7 days from the notification date to redeem the offer.
- 5- I understand financial assistance from ATS is only for the test costs delivered by ATS. Any subsequent follow up testing or medical costs are not included.

Out-of-Pocket (Per Test)	% of Poverty Level	Family Size							
		1	2	3	4	5	6	7	8
		Income Threshold							
\$ 149.00	300%	\$ 38,640.00	\$ 52,200.00	\$ 65,880.00	\$ 79,500.00	\$ 93,120.00	\$ 106,740.00	\$ 120,360.00	\$ 133,980.00
\$ 119.00	250%	\$ 32,200.00	\$ 43,500.00	\$ 54,900.00	\$ 66,250.00	\$ 77,600.00	\$ 88,950.00	\$ 100,300.00	\$ 111,650.00
\$ 89.00	200%	\$ 25,760.00	\$ 34,800.00	\$ 43,920.00	\$ 53,000.00	\$ 62,080.00	\$ 71,160.00	\$ 80,240.00	\$ 89,320.00
\$ 59.00	150%	\$ 19,320.00	\$ 26,100.00	\$ 32,940.00	\$ 39,750.00	\$ 46,560.00	\$ 53,370.00	\$ 60,180.00	\$ 66,990.00
\$ 29.00	100%	\$ 12,880.00	\$ 17,400.00	\$ 21,960.00	\$ 26,500.00	\$ 31,040.00	\$ 35,580.00	\$ 40,120.00	\$ 44,660.00