

YMCA Financial Assistance Application

YMCA Camp H. R. Erdman

Discreet Confidential

Financial assistance is supported in part through contributions to the Annual Support Campaign and provides funds for those in need within our available resources.



YMCA
We Build Strong Kids,
Strong Families, Strong Communities



**YMCA CAMP H. R. ERDMAN
FINANCIAL ASSISTANCE PROGRAM
CONFIDENTIAL**

How to apply for Financial Assistance

*Financial assistance is available, to the extent possible, through the
YMCA's Annual Support Campaign*

- Please apply at least one month prior to the start date of program you are requesting financial assistance for. Funds are limited. If applying later than a month to the program start date, funds may have already been distributed.
- Please fill out the Financial Assistance Application completely. Incomplete application will delay processing of it may not be reviewed.
- Attach proof of income and all other applicable supporting documentation. Please do not attach original documents...copies only.
- All financial assistance is approved for a specific program – session / date. Please note that assistance is not automatically renewed...you must reapply.
- The YMCA believes a strong sense of ownership and pride is developed if the financial assisted applicant contributes to the cost of the program. Therefore, applicants will be asked to pay a portion of the fees.
- Please allow a minimum of two weeks for processing (approval or disapproval) by the YMCA staff. You will be contacted in writing from the YMCA as to our application request status.
- Payment plans are available upon request.
- If you have any questions or concerns, please feel free to call 637-4615.

Income Verification – attach these documents with your application:

The YMCA of Honolulu requires the following documentation:

Proof of Income (for all members of the household)

- Most current W-2 and 1040 Federal Tax Return
- Two recent consecutive paycheck stubs

Secondary documents such as child support may be requested.

YMCA CAMP H. R. ERDMAN Financial Assistance Application – All Programs

Please FILL OUT all information on this Financial Assistance (FA) application and ATTACH the required documents (photocopies only). Return to the YMCA office. Failure to complete application and provide required documents will delay or deny application review. PLEASE ALLOW A MINIMUM OF TWO WEEKS BEFORE THIS APPLICATION CAN BE PROCESSED AND APPROVED (or Disapproved) BY THE YMCA. Balance of the fee must be paid in full or on our automatic payment plan through our electronic fund transfer program. Exceptions are made only by the Executive Director. Please print all information. You will be contacted by the staff of the YMCA. If you have any questions, please feel free to contact the Executive Director at 637-4615.

I. APPLICATION INFORMATION Is this application for a: Youth Adult?

Date of Application _____	YMCA Location _____
Name of Applicant _____	Home Phone _____
Address _____	Work Phone _____
City _____	Zip _____
Employer _____	How long? _____
Address _____	Phone _____

Program(s) To Be Enrolled	Total Program Fees	What is the dollar amount you are able to pay?	What is the dollar amount you are requesting for financial assistance?
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Name(s) assistance if for _____ Relationship to you _____

Is this person(s) a YMCA MEMBER? Yes No If yes, which YMCA? _____

II. APPLICANT'S DESCRIPTION OF NEED FOR FINANCIAL ASSISTANCE

1. In your own words, please explain briefly why you should receive financial assistance.

2. Please explain your current financial situation. Are there any special considerations we should take into account when evaluating your application?

3. Are you a single parent household? Yes No
4. Have you received financial assistance from the YMCA? Yes No
 If yes, which YMCA? _____ Program _____ Amount received \$ _____

III. FINANCIAL INFORMATION

All information contained in this section will remain confidential and will only be used to evaluate your eligibility to receive financial assistance and the amount of such aid.

1. Are you the primary income provider in the household?
 Yes Myself and spouse Other (please specify) _____

Please list the gross monthly income and expense items of the primary income provider(s). Income verification documents (i.e. W-2, 1040 tax forms, last two pay stubs) must be attached to this application. No application will be processed without proper documentation.

YMCA CAMP H. R. ERDMAN

Financial Assistance Agreement Form

By signing this form, I acknowledge that I am aware of the rules and policies of the YMCA of Honolulu financial assistance program as listed under the YMCA Financial Assistance Guidelines. I understand that to remain eligible for the financial assistance I have received, I must be a YMCA participant in good standing and comply with the following terms:

1. **I will pay all required fees by their due date.** I understand that any delinquencies in payment (i.e. late payments, returned checks) may result in termination of financial assistance and suspension from the corresponding program.
2. **I am responsible for turning in renewal application.** Each financial assistance grant lasts for the term of the program. As financial recipient, I am responsible for turning in my renewal application with the proper documentation at least two weeks before the beginning of the program. I understand that no financial assistance grants will be applied retroactively.
3. **I have attached the required income documents.**

I again establish that I fully understand the above statements.

Signature of Applicant

Date

Print Name

**PLEASE RETURN THIS FORM WITH OUR FINANCIAL
ASSISTANCE APPLICATION AND REQUIRED
DOCUMENTATION COPIES TO THE YMCA OFFICE**

Mahalo