



**YMCA of Honolulu**  
**Membership and/or Program Financial Assistance Application**

Date Completed: \_\_\_\_\_

Qualification lasts for 12 months, must be renewed annually.

|  |  |  |                         |  |
|--|--|--|-------------------------|--|
| <b>Single Program Participant or Single Membership</b> | Last Name  |  | First Name              |  |
|  | Best Contact Number  |  | Email                   |  |
|  | Total Number in Household: (Include all adults, youth and dependents): |  | Total Household Income: |  |

OR

|   |  |  |                         |  |
|---|--|--|-------------------------|--|
| <b>Family Program Participates or Family Membership</b> | Last Name  |  | First Name              |  |
|   | Best Contact Number  |  | Email                   |  |
|   | Total Number in Household: (Include all adults, youth and dependents): |  | Total Household Income: |  |

Tell us your story. Why are you in need of assistance at this time? How will participating in a Y program or membership benefit you and/or your family?

**FINANCIAL ASSISTANCE IS PROVIDED BY GENEROUS DONORS AND VOLUNTEERS**

|  |  |   |
|--|--|---|
| Would you be willing to participate in our Annual Campaign by raising funds?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | Would you be willing to convey message of thanks to donors of our Annual Campaign?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | Would you be willing to share your story in an effort to communicate the importance of giving to our Annual Campaign?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|---|

**For YMCA Staff To Use Only**

|  |                        |   |                 |
|--|------------------------|---|-----------------|
| % Assistance Approved For:   | Staff Initial<br>_____ | For Programs, Contacted:                      | Agreed:   Y   N |
|  |                        | For Membership, Contacted:                    | Agreed:   Y   N |
| Check Documents Received:<br><input type="checkbox"/> W-2(s)<br><input type="checkbox"/> Full tax return: 1040, 1040EZ, 1040A, or Schedule C<br><u>Alternative Forms:</u><br><input type="checkbox"/> Paystubs (one-month)<br><input type="checkbox"/> Benefit Statement (Social Security, Disability or Unemployment)<br><input type="checkbox"/> Government Assistance Benefits letter<br><input type="checkbox"/> Letter from employer verifying employment and annual salary |                        | Date Registration Entered:<br>_____<br>Notes: |                 |

**The YMCA of Honolulu is a fellowship dedicated to putting Christian principles into practice through programs that build a healthy spirit, mind, and body for all.**