



YMCA of Honolulu

Financial Assistance Application

Learn. Grow. Thrive.

We believe everyone, regardless of their financial situation, deserves access to our services and programs that help children realize their potential, people of all ages to live healthier and everyone to connect and support each other to build stronger communities we all want to live in.

Let our Donors Help You

Thanks to the generosity of donors, we offer financial assistance for individuals, youth and families who otherwise cannot afford the full cost of a Y membership or program. Each year, our Y staff and volunteers lead our Annual Campaign to generate financial support with 100% of donations raised going directly to members, families and youth in need.

**The percentage of membership and program fees covered by YMCA financial assistance is determined by a sliding scale based on your total household income, number of household members and the availability of financial assistance funds.*

Financial Assistance Agreement

By filling out the attached application and signing below, I give permission to the YMCA of Honolulu to use the enclosed and attached information to evaluate my eligibility for financial assistance. I also acknowledge that I am aware of and will comply with the rules and policies of the YMCA of Honolulu and its financial assistance program.

Parent/Guardian Name Printed

Parent/Guardian Signature

Date



YMCA of Honolulu
School's Program Financial Assistance Application

Date Completed: _____

Single Participant	Child's Last Name		Child's First Name	
	Amount Applying For:		Name of School	
	Dates Coming to Camp:			Amount Willing to Pay:

Parent Information	Parent's Last Name		Parent's 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	Would you be willing to convey message of thanks to donors of our Annual Campaign? <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? <input type="checkbox"/> YES <input type="checkbox"/> NO
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For YMCA Staff To Use Only

% Assistance Approved For:	Staff Initial _____	For Programs, Contacted:	Agreed: Y N
		For Membership, Contacted:	Agreed: Y N
Additional Notes:			Date Registration Entered: _____
			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.