YMCA of Honolulu
Financial Assistance Application

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: __________

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#### Single Participant

<table>
<thead>
<tr>
<th>Child’s Last Name</th>
<th>Child’s First Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Amount Applying For:</th>
<th>Name of School</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dates Coming to Camp:</th>
<th>Amount Willing to Pay:</th>
</tr>
</thead>
</table>

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#### Parent Information

<table>
<thead>
<tr>
<th>Parent’s Last Name</th>
<th>Parent’s First Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Best Contact Number</th>
<th>Email</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Total Number in Household (Include all adults, youth and dependents):</th>
<th>Total Household Income:</th>
</tr>
</thead>
</table>

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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?

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

<table>
<thead>
<tr>
<th>Would you be willing to participate in our Annual Campaign by raising funds?</th>
<th>Would you be willing to convey message of thanks to donors of our Annual Campaign?</th>
<th>Would you be willing to share your story in an effort to communicate the importance of giving to our Annual Campaign?</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ YES         ____ NO</td>
<td>____ YES   ____ NO</td>
<td>____ YES      ____ NO</td>
</tr>
</tbody>
</table>

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**For YMCA Staff To Use Only**

<table>
<thead>
<tr>
<th>% Assistance Approved For:</th>
<th>Staff Initial</th>
<th>For Programs, Contacted:</th>
<th>Agreed:  ____ Y  ____ N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>For Membership, Contacted:</td>
<td>Agreed:  ____ Y  ____ N</td>
</tr>
</tbody>
</table>

**Additional Notes:**

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Date Registration Entered: __________

Notes: