



YMCA of Honolulu

Youth Programs

Financial Assistance Application

To be used for: Aquatics, Youth Sports, Dance, Summer/Break Programs, Early Education, Martial Arts, Hawaiian Studies, and Teen Programs

Assistance is made available with the generous support of community members through our YMCA's Annual Support Campaign (ASC).

Learn. Grow. Thrive.

What Is Financial Assistance & Where Does It Come From?

At the Y we want our programs to be accessible and utilized by all members of our community. Program fees allow the YMCA to operate as a stable, responsible, and active contributor in our local communities. Understanding financial challenges, staff and volunteers lead an annual campaign to generate financial support to assist members, families, and youth who want to be a part of our Y family, but cannot afford it. 100% of donations made towards the Annual Support Campaign go directly to members, families, and youth.

Who Can Apply & How Are Funds Distributed?

Anyone can apply. Once a completed application is submitted, YMCA staff will qualify your application using our YMCA income eligibility. We will contact you to inform you if and how much financial assistance you qualify for and further steps on registering. The YMCA will apply the financial assistance to your program fees prior to registration and payment.

See your local YMCA on when applications should be renewed.
Financial Assistance is dependent on available funds.

How To Apply For Financial Assistance

1. Complete and submit the registration form for the program you are interested in.
2. Complete and submit the Financial Assistance Application including your household income (examples below):

Household Income Defined: All income of the immediate family in the same household including pay, child support, state funding, etc. For Multi-Family Households, include the expenses and income of the legal guardians and direct caregivers.

Required Documents:

- a. Pay Stubs for most recent month's work and other income statements **AND**
- b. Prior Year Tax Form 1040
3. YMCA Staff will qualify your application. Staff will either let you know at that time or will call to inform you of the amount, if any, you qualify for,
4. Agree to Financial Assistance, seek additional amount due to extraordinary circumstances, or decline to register.
5. Arrange payment. For some programs, payment plans are available.

Financial Assistance Guidelines & Policies

Applications should...

1. Be submitted on or before the deadline printed on the program brochure. A general guideline is to submit the application at least one month prior to the start of program.
2. Be completed in full. Incomplete applications will delay the processing.
3. Include copies of appropriate household income documents:
Household Income Defined: All income of the immediate family in the same household including pay, child support, state funding, etc. For Multi-Family Households, include the expenses and income of the legal guardians and direct caregivers.

Required Documents:

- a. Pay Stubs for most recent month's work and other income statements **AND**
 - b. Prior Year Tax Form 1040
- A registration form specifying the programs you will be registering for should be submitted along with the financial aid application.
 - Financial aid is approved for either a specific program and/or set of dates; however, families must reapply according to your local branch's requirements – it is not automatically renewed.
 - Payment for the participant's portion should be made in full or scheduled through a payment plan (when available) prior to the start of program.

Financial Assistance Agreement

By signing below, I acknowledge that I am aware of the guidelines and policies of the YMCA of Honolulu Financial Assistance Program as listed above. I understand that to remain eligible for the financial assistance received, I must be a YMCA client in good standing and comply with the following terms:

1. I will pay all required fees by their due date. I understand that delinquencies in payments may result in termination of financial assistance and suspension from the corresponding program until payments are corrected.
2. I am responsible for submitting a renewal application and understand that I will need to verify with the specific YMCA branch when renewal applications are required. I understand that financial assistance is not automatically renewed.
3. I have attached the required proof of income and other supporting documents for all members of my household and have verified the information is current and correct.

 Applicant's Name Printed (Parent/Guardian)

 Date

 Applicant's Signature (Parent/Guardian)

Please submit applications to the YMCA you intend to register at.

Camp Erdman	Kaimuki-Waialae	Kalihi	Leeward
69-385 FARRINGTON HWY WAIALUA HI 96791	4835 KILAUEA AVENUE HONOLULU, HI 96816	1335 KALIHI STREET HONOLULU, HAWAII 96819	94-440 MOKUOLA STREET WAIPAHAU, HI 96797
(808) 637-4615	(808) 737-5544	(808) 848-2494	(808) 671-6495
Mililani	Nu`uanu	Windward	
95-1190 HIKIKAULIA STREET MILILANI, HAWAII 96789	1441 PALI HIGHWAY HONOLULU, HI 96813	1200 KAILUA ROAD KAILUA, HAWAII 96734	
(808) 625-1040	(808) 536-3556	(808) 261-0808	



**YMCA of Honolulu
Financial Assistance Application**

**FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Date Completed: _____
Date To Be Renewed (if known): _____

Youth's Information:			
Youth's Last Name		Youth's First Name	
Home Address		City	Zipcode

Parent/Guardian's & Family Information:			
Mother / Legal Guardian	Last Name		First Name
	Home Address (If not the same as child)		
	Home Number	Work Number	Cell Number
	Email		

Father / Legal Guardian	Last Name		First Name
	Home Address (If not the same as child)		
	Home Number	Work Number	Cell Number
	Email		

Total Number of People in Household	# _____	Total Dollar Amount or Percent You are Requesting:	\$ _____ OR _____ %
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Tell us your story. Why are you requesting financial assistance?

Household Monthly Income (Immediate Family)	Continue
Parent/Guardian \$	<p>Would you be willing to assist our Annual Support Campaign that funds financial assistance?</p> <p align="center">_____ YES _____ NO</p> <p>The Annual Support Campaign can only be successful by sharing the stories of families the YMCA impacts through Financial Assistance. Would you be willing to share your story?</p> <p align="center">_____ YES _____ NO</p>
Parent/Guardian \$	
Child Support \$	
SNAP \$	
Other \$	
Total Income: \$	

For YMCA Staff To Use Only			
% Assistance Approved For:	Staff Name Initial	Contacted: Date: _____	Agreed: Y N
	_____	Payment Plan: Y N	Date Reg. Entered: _____

Notes: