Maui Family YMCA

FINANCIAL ASSISTANCE PROGRAM GUIDELINES

HOW TO APPLY FOR FINANCIAL ASSISTANCE

1. **Fill out these forms completely**
2. **Attached proof of income**
3. **Submit to YMCA**
4. **Approval or denial letters will be sent to you within 3 weeks**

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

- Apply at least **three weeks prior to the start date of the program.** Funds are limited. If applying later than three weeks prior to the program start date, funds may already have been distributed. Having received assistance in the past does not guarantee future assistance.

- **An incomplete application will delay processing or it may not be reviewed.**

- Attach proof of income and all other applicable supporting documentation.
  Please do not attach original documents-**COPIES ONLY**. Your application **will not** be processed without proof of income requirements. Providing false income will disqualify applicant from consideration.

  Proof of Income (for *all* members of the household)
  - Most current 1040 Federal Tax Return
  - Proof of any and all County/State/Federal Aid
  - Documents indicating Child Support Pmts Received
  - Income already "on file" is *not* applicable.

- All financial assistance is approved for a specific program—session/date(s).
  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 financially assisted applicant contributes to the cost of the program. Therefore, applicants will be asked to pay a portion of the fees.

For Office Use Only

Date Received _____

Initials _____

Is application complete? _____

Is applicant a member? _____

Member expiration date _____

Maui Family YMCA

Financial Assistance Application

Confidential

Participant 's/Applicant's Name _____

Participants date of Birth _____Age _____

Parent's Name if participant is under 18 years _____

Address_____

City _____ **Zip Code** _____

Phone (Home) _____ (Cell) _____

Email _____

What program are you requesting assistance for?

- **Membership Type**: _____

☐**Swim Lessons**

Day Camp Site ☐**Nalu** (Kihei) ☐ **Moana** (YMCA) ☐ **ONE** (Pomaikai)

☐ **Regular Camp**

☐ **Specialty Camps** – (at YMCA site only) Soccer Camp, Swim Camp, Basketball Camp, Gardening Camp

☐ **Super Camps** – (at YMCA site only) Cooking Camp, Baking Camp, Lego Camp, Archery Camp

Other: _____

MAUI FAMILY YMCA

Financial Assistance Application

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 THREE WEEKS FOR THIS APPLICATION TO BE PROCESSED (APPROVED OR DISAPPROVED) BY THE YMCA. Fees must be paid at the time of registration, prior to the program start date. Please PRINT all information clearly when filling out application. THANK YOU.

I. APPLICANT INFORMATION

Participant's Name _____Gender M F

II. DESCRIPTION OF NEED FOR FINANCIAL ASSISTANCE

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

_____

_____

_____

_____

2. Are you a single parent household? _____ Yes _____ No

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. Who is the income provider of the household?

_____ Myself alone _____ Myself and Spouse _____ Other (please specify) _____

2. Please list the names of all household members, include yourself, indicating their ages that are being supported by the income provider(s) of the household:

NAME	AGE	NAME	AGE
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

3. Your Employer (Parent) _____ Work Phone No. _____

Address _____ How long employed? _____

Spouse's Employer (Parent) _____Work Phone No. _____

Address _____ How long employed? _____

4. Please list the gross monthly income and expense items of the income provider(s). Income verification documents (i.e. 1040 Tax Forms, gov't aid or pmts) must be attached to this application. ***No application will be processed without proper documentation.***

GROSS MONTHLY INCOME / EXPENSES

INCOME		EXPENSES	
Your Employment Income	$_____	Rent/Mortgage	$_____
Spouse's Employment Income	$_____	Electric/Utilities/Gas	$_____
State/Federal Aid	$_____	Food	$_____
Child Support/Alimony	$_____	Cable TV/Internet	$_____
Aid to Dependent Child	$_____	Phone	$_____
Retirement/Pension	$_____	Child Care	$_____
School Scholarship Funds	$_____	Medical/Dental	$_____
Investment Income	$_____	Car Pmts/Gas/Ins	$_____
Housing Assistance	$_____	Bus/Transportation	$_____
Food Assistance	$_____	Other	$_____
Other	$_____	Other	$_____
TOTAL MONTHLY INCOME	$_____	TOTAL MONTHLY EXPENSES	$_____

RELEASE AND SIGNATURE

By filling out this application and signing below, I give permission to the Maui Family YMCA to use the enclosed and attached information to evaluate my eligibility for financial assistance. I declare that the statements on this application are correct. I understand that the above information is confidential.

_____

Applicant's Signature (if under 18, Parents Signature) Date

MAUI FAMILY YMCA

Financial Assistance Agreement Form

By signing this form, I acknowledge that I am aware of the rules and policies of the Maui Family YMCA 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 in compliance with the following terms:

1. **I agree to pay all required fees by their due date.** I understand that any delinquencies in payments (i.e. late payments, returned checks) may result in termination of financial assistance and suspension from the corresponding program. All unpaid balances must be paid in full prior to renewing membership or signing up for a program.
2. **I agree to obey the house rules of the Maui Family YMCA.** I understand that failure to abide by the rules may result in termination of my YMCA membership and / or financial assistance.
3. **I understand that I am responsible for turning in a renewal application.** Each financial assistance grant lasts for a specific program / session / date. As a financial assistance recipient, I am responsible for turning in my renewal application with the proper documentation at least three weeks before the beginning of the program. I understand that no financial assistance grant will be applied retroactively.
4. **I have attached the required income documents.**
5. **I understand that scholarship memberships cannot be put on Freeze.**

I establish that I fully understand the above statements.

_____

Signature of Applicant (if under 18, parent's signature) Date

_____

Print Name