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.
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 _________________________________________________________________

Email _________________________________________________________________

What program are you requesting assistance for?
- Membership Type: (circle one) YOUTH TEEN ADULT
  SINGLE-PARENT FAMILY FAMILY

☐ Swim Lessons

Day Camp Site  ☐ Nalu (Kihei)  ☐ Moana (YMCA)
☐ Regular Camp
☐ Specialty Camps – (at YMCA site only) Soccer Camp, Swim Camp, Basketball
  Camp, Gardening Camp
☐ Super Camps – (at YMCA site only) (must be 8yrs old) Cooking Camp, Baking
  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:

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>NAME</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>10.</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>INCOME</th>
<th>EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Employment Income</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Spouse’s Emp Income</td>
<td>$______________________________</td>
</tr>
<tr>
<td>State/Federal Aid</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Child Support/Alimony</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Aid to Dependent Child</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Retirement/Pension</td>
<td>$______________________________</td>
</tr>
<tr>
<td>School Scholarship Funds</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Investment Income</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Housing Assistance</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Food Assistance</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Other</td>
<td>$______________________________</td>
</tr>
<tr>
<td>TOTAL MONTHLY INCOME</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Rent/Mortgage</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Electric/Utilities/Gas</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Food</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Cable TV/Internet</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Phone</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Child Care</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Medical/Dental</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Car Pmts/Gas/Ins</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Bus/Transportation</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Other</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Other</td>
<td>$______________________________</td>
</tr>
<tr>
<td>TOTAL MONTHLY EXPENSES</td>
<td>$______________________________</td>
</tr>
</tbody>
</table>

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 Application

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